

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23091

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 677307  
ORLANDO, FL 328677307

**New Principal Place of Business:**

4962 N. PALM AVENUE  
WINTER PARK, FL 32792

**Current Mailing Address:**

P O BOX 677307  
ORLANDO, FL 328677307

**New Mailing Address:**

**FEI Number:** 59-2937915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRASCA, JOSEPH  
4962 N PALM AVENUE  
C/O PREFERRED COMMUNITY MANAGEMENT  
WINTER PARK, FL 327929111 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: TELFORD, WILLIAM  
Address: 1774 NORDIC COURT  
City-St-Zip: APOPKA, FL 32712

Title: STD ( ) Delete  
Name: MCDONNELL, KERRY  
Address: 1746 WOODBURY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD ( ) Delete  
Name: SPIEGEL, WILLIAM JR  
Address: 2150 COUNTRYSIDE DRIVE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FRASCA

MGR

03/02/2009

Electronic Signature of Signing Officer or Director

Date