

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28681

FILED
Feb 18, 2009
Secretary of State

Entity Name: COUNTRYSIDE PUD UNIT IV-A HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2937217 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NELSON & SELWITZ PROPERTY MANAGEMENT, INC.
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: STD () Delete
Name: MASON, HENRY
Address: 900 SMOKERISE BLVD.
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD () Delete
Name: MADDERN, ROBERT
Address: 905 ASHMEADE CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: PD () Delete
Name: CARL, JOHNSON
Address: 913 COUNTRYSIDE WEST BLVD.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: MADDERN, ROBERT
Address: 905 ASHMEADE CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD (X) Change () Addition
Name: JEAN, BURROUGHS
Address: 917 TEABERRY LANE
City-St-Zip: PORT ORANGE, FL 32127

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: ROBERT MADDERN

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date