


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90104 038 \*\*\*\*61.25

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # N40164</b>  |  |    |   |
| 1. Entity Name<br>COUNTRYSIDE ESTATES FIRST ADDITION<br>HOMEOWNERS ASSOCIATION, INC.  |  |   |   |
| Principal Place of Business<br>4125 SE 24TH STREET<br>OCALA, FL 34471   |  | Mailing Address<br>P.O. BOX 1198<br>SILVER SPRINGS, FL 33489-1198   |   |
| 2. Principal Place of Business<br><i>Post Office Box 1198</i>   |  | 3. Mailing Address<br><i>Same as #2</i>   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State<br><i>Silver Springs, FL</i>   |  | City & State  |   |
| Zip<br><i>34489-1198</i>  |  | Country<br><i>US</i>  |   |
| 4. FEI Number<br>59-3179932   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br>TAYLOR, GARNET MARIE<br>3099 NORTHEAST 42ND PLACE<br>OCALA, FL 34479-8883  |  | 7. Name and Address of New Registered Agent<br>Name: <i>Chad J. Batchelor</i><br>Street Address (P.O. Box Number is Not Acceptable):<br><i>3385 NE 41st Place</i><br>City: <i>Ocala</i> FL Zip Code: <i>34479</i> |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2006   |  | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
|   |  | Make check payable to<br>Florida Department of State  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | BMD<br>KUNZ, JOEL<br>3321 NE 41ST PLACE<br>OCALA, FL 34479 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | BMD<br><i>Albert Ray Hill</i><br><i>3330 NE 42nd Place</i><br><i>Ocala, FL 34479</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | BMD<br>YOUNG, STEPHEN<br>3292 NE 42ND PLACE<br>OCALA, FL 34779 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | BMD<br><i>John Rogers</i><br><i>3329 NE 42nd Place</i><br><i>Ocala, FL 34479</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>VANDEVEN, CATHY<br>4125 SE 24TH STREET<br>OCALA, FL 34470 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>TAYLOR, GARNET MARIE<br>3099 NORTHEAST 42ND PLACE<br>OCALA, FL 34479 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HUTCHINSON, MARLENE<br>4216 NE 32ND CIRCLE<br>OCALA, FL 34479 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MONGEE, JANICE<br>4209 NE 35TH AVE. RD.<br>OCALA, FL 34479 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | BMD<br><i>Gale Medley</i><br><i>3370 NE 42nd Place</i><br><i>Ocala, FL 34479</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an _____ |  |   |   |

66005785



01092006 Chg-NP CR2E037 (11/05)

CORRECTED COPY

SIGNATURE: SIGNATURE:

*Chad J. Batchelor*  
Chad J. Batchelor

3385 NE 41st Place  
Ocala, FL 34479 Phone: 352-690-7904

352-690-7904  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_



ATTACHMENT

66005785

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

COUNTRYSIDE ESTATES FIRST ADDITION HOMEOWNERS ASSOCIATI  
P.O. BOX 1198  
SILVER SPRINGS, FL 33489-1198

Subject: COUNTRYSIDE ESTATES FIRST ADDITION HOMEOWNERS

Reference Number:

N40164

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION