

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001923

FILED
Feb 05, 2007
Secretary of State

Entity Name: COUNTRYSIDE PUD PHASE IV-C HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2607267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 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: PD () Delete
Name: GARREAU, RICHARD
Address: 969 SMOKEHOUSE BLVD
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD () Delete
Name: MASUCCI, ARTHUR
Address: 961 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127

Title: STD () Delete
Name: GROSS, MITCHELL
Address: 989 SMOKHOUSE BLVD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEAD, DAVID N
Address: 5766 PENDLEBURY COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD (X) Change () Addition
Name: CARRINE, DONALD F
Address: 939 SADDLEBURY COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: STD (X) Change () Addition
Name: GATTINELLA, JOSEPH W
Address: 997 SMOKERISE COURT
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MEAD

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date