

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005679

FILED
Jan 03, 2011
Secretary of State

Entity Name: COUNTRYSIDE WEST PUD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O KAREN KOCH INC.
6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

C/O CHATLEY COMMUNITY MANAGEMENT, LLC
2842 REGENT CRESCENT STREET
SO. DAYTONA, FL 32119 US

Current Mailing Address:

C/O KAREN KOCH INC
PO BOX 291282
PORT ORANGE, FL 32129

New Mailing Address:

C/O CHATLEY COMMUNITY MANAGEMENT, LLC
PO BOX 290275
PORT ORANGE, FL 32129 US

FEI Number: 59-3281313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHATLEY, NANCY D
2842 REGENT CRESCENT STREET
SO DAYTONA, FL 32119 US

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: NANCY D. CHATLEY

01/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MCKENZIE, BARBARA
Address: 5784 FALLING TREE LANE
City-St-Zip: PORT ORANGE, FL 32127

Title: STD
Name: WALKER, GLEN
Address: 5782 FALLING TREE LANE
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD
Name: LANDRY, JACKIE
Address: 962 COUNTRYSIDE WEST BLVD
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: BARBARA MCKENZIE

PD

01/03/2011

Electronic Signature of Signing Officer or Director

Date