

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000004637					
1. Entity Name COUNTRYSIDE AT THE UNIVERSITY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business MACOR REALTY, INC P.O. BOX 140502 GAINESVILLE, FL 32614			Mailing Address MACOR REALTY, INC P.O. BOX 140502 GAINESVILLE, FL 32614		
2. Principal Place of Business - No P.O. Box # Bosshardt Property Mgt. Suite, Apt. #, etc. 5522-B NW 43rd Street		3. Mailing Address c/o Bosshardt Property Mgt Suite, Apt. #, etc. 5522-B NW 43rd Street			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 58-2490423	
Zip 32653		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACOR REALTY, INC. 10404 SW 24 AVE. GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Debbie Houdershelt Street Address (P.O. Box Number is Not Acceptable) BOSSHARDT PROPERTY MANAGEMENT INC 5522-B NW 43rd Street City Gainesville FL Zip Code 32653		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE: 6-10-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARABIA, GILBERT 8976 FAIRCHILD COURT NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ray Costa 160 Appian Street Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAUB, TIFFANY 4000 SW 23 STREET 2-108 GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ronald M. Zakarin 54 SW Boca Raton Blvd. Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Gary Sager 4224 W. Broad Street Richmond, VA 23230	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Grimes - D 3042 Alpine Road Grestview, FL. 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David E. Williams-D P. O. Box 4931 Ocala, FL. 34478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 attachment with an address, with all other like empowered.					
SIGNATURE:			Ronald M. Zakarin 6-10-07 361-9600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA



05312007 Chg-NP CR2E037 (12/06)

Zip Code
32653

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