

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004637

FILED
Apr 27, 2009
Secretary of State

Entity Name: COUNTRYSIDE AT THE UNIVERSITY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

BOSSHARDT PROPERTY MGT.
5522-B NW 43RD STREET
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

BOSSHARDT PROPERTY MGT.
5522-B NW 43RD STREET
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 58-2490423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUDERSHELT, DEBBIE
BOSSHARDT PROPERTY MGT.
5522-B NW 43RD STREET
GAINESVILLE, FL 32653 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: P () Delete
Name: COSTA, RAY
Address: 160 APPIAN STREET
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: VP () Delete
Name: ZAKARIN, RONALD M
Address: 54 SW BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33432 US

Title: ST () Delete
Name: SAGER, GARY
Address: 4224 W BROAD STREET
City-St-Zip: RICHMOND, VA 23230 US

Title: D () Delete
Name: GRIMES, TOM
Address: 3042 ALPINE ROAD
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D () Delete
Name: WILLIAMS, DAVID E
Address: P.O. BOX 4931
City-St-Zip: OCALA, FL 34478 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COSTA, RAYMOND J
Address: 160 APPIAN STREET
City-St-Zip: PORT CHARLOTTE, FL 33954 US

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

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

Title: D (X) Change () Addition
Name: GRIMES, JOHN
Address: 4000 SW 23 ST #2305
City-St-Zip: GAINESVILLE, FL 32608 US

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

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: RAYMOND J. COSTA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date