

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770883

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC5121452922**

**Entity Name:** COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2842 REGENT CRESCENT ST.  
S. DAYTONA, FL 32119

**Current Mailing Address:**

2842 REGENT CRESCENT ST.  
S. DAYTONA, FL 32119 US

**FEI Number: 59-2479207**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHATLEY, NANCY D  
2842 REGENT CRESCENT ST.  
S. 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**

**04/11/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KLEMENT, JOHN  
Address 926 N. LAKEWOOD TERRACE  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name NORRIS, BARBARA ADIR  
Address 904 N LAKEWOOD TERR  
City-State-Zip: PORT ORANGE FL 32127

Title TREASURER  
Name MAYNARD, SANDY DIR  
Address 943 N. LAKEWOOD TERR.  
City-State-Zip: PORT ORANGE FL 32127

Title D, SECRETARY  
Name COCKERHAM, SUSAN  
Address 925 FOREST GLEN DRIVE  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name GOSLINE, CLAUDIA  
Address 903 N. LAKEWOOD TERRACE  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name ILLAN , ROBERT  
Address 953 CRYSTAL LAKE DRIVE  
City-State-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: JOHN KLEMENT**

**PRESIDENT**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date