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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727803 (9)
1. Corporation Name
COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7610 STIRLING RD HOLLYWOOD FL 33024	Mailing Address P.O. BOX 291084 FT LAUDERDALE FL 33329-1084
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3. Date Incorporated or Qualified 10/19/1973	3a. Date of Last Report 06/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 7610 Stirling Rd, CLUBHOUSE 27 CLUBHOUSE 28 HOLLYWOOD, FLORIDA 29 33024 Country 30 U.S.A.
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4. FEI Number 59-2007046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RUBINSTEIN, ROBERT
EMERALD LAKE CORPORATE PARK
3111 STIRLING RD.
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DIMAIO, FRED
STREET ADDRESS	7610 STIRLING RD, F-201
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MANSILLA, JOHN
STREET ADDRESS	7610 STIRLING RD, D-103
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NORRIS, JOHN
STREET ADDRESS	7610 STIRLING RD
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CRISPINO, JEAN
STREET ADDRESS	500 SW 169 AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MONACO, DAVID F
STREET ADDRESS	7610 STIRLING RD. E-207
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MORIN, ALLAN
STREET ADDRESS	3602 NW 111 AVE
CITY-ST-ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIMAIO, FRED
1.3 STREET ADDRESS	7610 STIRLING RD, F 201
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024.
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANSILLA, JOHN
2.3 STREET ADDRESS	7610 STIRLING RD. D-103
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024.
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORRIS, JOHN
3.3 STREET ADDRESS	7610 STIRLING RD, G-104
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MONACO, DAVID F
5.3 STREET ADDRESS	7610 STIRLING RD. E 207
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024.
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MORIN, ALLAN
6.3 STREET ADDRESS	7610 STIRLING RD B-206
6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Mansilla* **JOHN MANSILLA** TREASURER. - **4-25-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0637514

CF2E037 (9/96)