

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90057 011 ****61.25

DOCUMENT # 749524

1. Entity Name

ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5090 S.W. 64 AVE.
 DAVIE FL 33314

5090 S.W. 64 AVE.
 DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1990891**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-6525

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RESSLER, NADINE	
STREET ADDRESS	5100 SW 64TH AVE 101A	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, LARRY	
STREET ADDRESS	5100 SW 64TH AVE 202A	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SR	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, JENIFFER	
STREET ADDRESS	5080 SW 64TH AVE 303C	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	T	<input type="checkbox"/> Delete
NAME	YAMAMOTO, RIRI	
STREET ADDRESS	5090 SW 64TH AVE 102B	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, STEPHEN	
STREET ADDRESS	5100 SW 64TH AVE 106A	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, LESTER	
STREET ADDRESS	5090 SW 64TH AVE 306B	
CITY-ST-ZIP	DAVIE FL 33314	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelby Cecchini	
STREET ADDRESS	5100 SW 64th Ave. 306A	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pan Augusta	
STREET ADDRESS	5100 SW 64th Ave. 305A	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE REQUIRED Yamamoto

4-29-02

(954) 792-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)