2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 24, 2002 8:00 am
Secretary of State
04-15-2002 90053 048 ****61.25

DOCUMENT # 760641

1. Entity Name

COUNTRY VILLAGE ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11510 W SAMPLE ROAD STE 5 CORAL SPRINGS FL 33065 US	11510 W SAMPLE ROAD STE 5 CORAL SPRINGS FL 33065 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2530677 ☐ 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
JENNINGS & VALANCY, P.A. 311 SE 13TH STREET FORT LAUDERDALE FL 33316	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: X Steven Valancy 04-04-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GERZINA, JACK 7363 WEXFORD TERRACE BOCA RATON FL	☒ Delete	DP SANDRA FIELDS 4221 SW 31 DR HOLLYWOOD, FL 33023	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDV GLOVER, CHARLES 2421 N.W. 36TH STREET BOCA RATON FL	☒ Delete	D VP DONNA BARCLAY 4057 NE 15 AVE POMPANO BEACH, FL 33064	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SOWARD, TONY 5098 N.W. 43 COURT LAUDERDALE LAKES FL	☒ Delete	D MARIE CAMPFORT 7721 TAM O'SHANTER BLVD. N. LAUD., FL. 33068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 4.30.02 954.255.6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #