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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 760641</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                                                                |                                                                                                                                               |
| 1. Entity Name<br><b>COUNTRY VILLAGE ESTATES CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                               |
| Principal Place of Business<br>11510 W SAMPLE ROAD<br>STE 5<br>CORAL SPRINGS, FL 33065 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | Mailing Address<br>11510 W SAMPLE ROAD<br>STE 5<br>CORAL SPRINGS, FL 33065 US                                                                                                                                                                   |                                                                                                                                               |
| 2. Principal Place of Business<br><b>9365 W. Sample Rd</b><br>Suite, Apt. #, etc.<br><b>#203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | 3. Mailing Address<br><b>P.O. Box 8506</b><br>Suite, Apt. #, etc.                                                                                                                                                                               |                                                                                                                                               |
| City & State<br><b>Coral Springs FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | City & State<br><b>Coral Springs, FL</b>                                                                                                                                                                                                        |                                                                                                                                               |
| Zip<br><b>33065</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Country<br><b>USA</b>                                                                                                                                                                                                                           |                                                                                                                                               |
| 4. FEI Number<br><b>59-2530677</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                          |                                                                                                                                               |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br><b>JENNINGS &amp; VALANCY, P.A.</b><br>311 SE 13TH STREET<br>FORT LAUDERDALE, FL 33316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br><b>CONDO MANAGEMENT ALTERNATIVE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9365 W. SAMPLE ROAD #203</b><br>City<br><b>CORAL SPRINGS</b> FL Zip Code<br><b>33065</b> |                                                                                                                                               |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                 |                                                                                                                                               |
| SIGNATURE <i>Ronald Sathoff</i> <b>RONALD SATHOFF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       | DATE <b>10/8/03</b>                                                                                                                                                                                                                             |                                                                                                                                               |
| FILE NOW: FEE IS \$61.25 Initial or Amended UBR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                  |                                                                                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                           |                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>FIELDS, SANDRA<br>4221 SW 31 DR<br>HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | DP<br>Weiss, Paul<br>P.O. Box 8506<br>Coral Springs FL 33075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DV<br>BARCLAY, DONNA<br>4867 NE 15 AVE<br>POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | DT<br>P.O. Box 8506<br>CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CAMPFORT, MARIE<br>7221 TAM O'SHANTER BLVD<br>POMPANO BEACH, FL 33068 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | DVP<br>Vito DiFranzo<br>P.O. Box 8506<br>Coral Springs FL 33075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | DS<br>Scott Stiefeld<br>P.O. Box 8506<br>Coral Springs FL 33075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | D<br>Paulette Jacques<br>P.O. Box 8506<br>Coral Springs FL 33075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| 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: <i>Paul Weiss</i> <b>Paul Weiss</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | DATE <b>10/8/03</b> DAYTIME PHONE # <b>954-752-4796</b>                                                                                                                                                                                         |                                                                                                                                               |

CR2E037 (10/02)

7/10/16