9/18/01-90014-004-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762617

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00064097

DO NOT WRITE IN THIS SPACE

1. Entity Name

County Condominium Associates, Inc.

Principal Place of Business / Mailing Address

c/o Integrity Property MGMNT.

2. Principal Place of Business: 953 University Dr. Suite, Apt. #, etc.
City & State: Coral Springs, FL. Zip: 33071 County: Broward

3. Mailing Address: P.O. Box 8726 Suite, Apt. #, etc.
City & State: Coral Springs, FL. Zip: 33075 County: Broward

4. FEI Number: 59-2191463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Integrity Property MGMT. Inc.
953 University Drive
Coral Springs, FL. 33071

7. Name and Address of New Registered Agent

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: Christy Morris 8/30/01
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	President. Shelly Gehle 3302 NW 103 Terr. Coral Springs	☐ Delete (D)	Eileen Dunne 3225 NW 103 Terr. Coral Springs.	☐ Change ☐ Addition ☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec + Treas Karen Lyon 3235 NW 103 Terr Coral Springs.	☐ Delete (D)	Jessica Crowell 3231 NW 103 Terr Coral Springs.	☐ Change ☐ Addition ☒ Delete.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Louis Suarez 3220 NW 103 Terr Coral Springs	☐ Delete (D)		☐ 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 (11/00)

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: Shelly T. Gehle SHELLY T. GEHLE 9/7/01 954-346-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #