

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90262 035 \*\*\*\*61.25

**DOCUMENT # 769608**

1. Entity Name

**COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

17000 N.W. 67TH AVENUE  
 MAILBOX #501  
 MIAMI FL 33015  
 US

17000 N.W. 67TH AVENUE  
 MAILBOX #501  
 MIAMI FL 33015  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2383767**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**STRALEY, STEPHEN J P.A.**  
**3990 SHERIDAN STREET**  
**SUITE 109**  
**HOLLYWOOD FL 33024**

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 **D-P**  
 NAME **WESOLOWSKI, FRANK** *DIP*  
 STREET ADDRESS **17000 N.W. 67 AVENUE, #244**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **S**  
 NAME **Alvarez, Colleen - Dis**  
 STREET ADDRESS **17000 N.W. 67 Ave #302**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D-T**  
 NAME **TAILOR, HOWARD E.** *DIT*  
 STREET ADDRESS **17000 N.W. 67 AVENUE, #115**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIS**  
 NAME **MCKOY, SHIRLEY**  
 STREET ADDRESS **17000 N.W. 67 AVENUE, #335**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **GAULDING, GEORGE - D**  
 STREET ADDRESS **17000 N.W. 67 AVENUE, #119**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP**  
 NAME **BARO, GEORGE JR.** *DIVP*  
 STREET ADDRESS **17000 N.W. 67 AVENUE, #234**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AA-D**  
 NAME **[Signature]**  
 STREET ADDRESS **17000 N.W. 67 Ave**  
 CITY-ST-ZIP

TITLE  
 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 of Stephen J. Straley*

Date **1/19/01**

Daytime Phone # **305-823-8257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)