

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1769600
1. Entity Name
 Country Lane Property Owners Association Inc

FILED
 01 SEP -6 PM 3:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 17000 NW 67 Ave
 UNIT 115
 Miami FL 33015 **SAME**

400004594504--1
 -09/17/01--01078--028
 *****61.25 *****61.25
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 17000 NW 67 Ave 17000 NW 67 Ave
 Suite, Apt., etc. Suite, Apt., etc.
 115 115

City & State **City & State**
 Miami, FL Miami, FL

4. FEI Number **Applied For**
 59-2409037 Not Applicable

Zip **Country** **Zip** **Country**
 33015 USA 33015 USA

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	
STEPHAN STRALEY 3990 Sheridan Street Hollywood FL 33021		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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	SID Sylvia Loesche 17000 NW 67 Ave #1147 Miami FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WLD Shirley McKay 17000 NW 67 Ave #1135 Miami FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN ORTEGA 17000 NW 67 Ave #114 Miami FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID HOWARD E JAILOW 17000 NW 67 Ave #1115 Miami FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID FRANK WESOLOWSKI 17000 NW 67 Ave #1279 Miami FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *[Handwritten Signature]*