

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90260 014 ****61.25

DOCUMENT # 769608

1. Entity Name
COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**17000 N.W. 67TH AVENUE
#115
MIAMI FL 33015
US**

Mailing Address
**17000 N.W. 67TH AVENUE
#115
MIAMI FL 33015
US**

90002837



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2409037**

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
3990 SHERIDAN STREET
HOLLYWOOD FL 33021**

Name **Best Way Pmc**

Street Address (P.O. Box Number Is Not Acceptable)
14853 NE 20 Ave

City **Miami FL** FL Zip Code **33181**

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 *Elaine Asbury* **Best Way Pmc office manager 1/9/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD LOESCHE, SYLVIA <input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #147
CITY-ST-ZIP	MIAMI FL 33015
TITLE NAME	VD MCKOY, SHIRLEY <input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #735
CITY-ST-ZIP	MIAMI FL 33015
TITLE NAME	D ORTEGA, JUAN <input checked="" type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #114
CITY-ST-ZIP	MIAMI FL 33015
TITLE NAME	TD TALLON, HOWARD E <input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #115
CITY-ST-ZIP	MIAMI FL 33015
TITLE NAME	PD WESOLOWSKI, FRANK <input type="checkbox"/> Delete
STREET ADDRESS	17000 NW 67 AVENUE #244
CITY-ST-ZIP	MIAMI FL 33015
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	D Alvarez, Colleen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	17000 NW 67 Ave # 302
CITY-ST-ZIP	Miami FL 33015
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employees.

SIGNATURE: *Howard Tallon* **HOWARD TALLON TR** **1/10/03 3056238257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)