

Amended File Reports

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 OCT 15 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/29/01--01076--019
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DOCUMENT # 771235
1. Entity Name
COUNTRYSIDE VILLAGE PROPERTY OWNERS ASSOCIATION

Principal Place of Business Mailing Address
C/O SPM GROUP, INC. C/O SPM GROUP, INC.
2500 NW 97TH Ave. #200 2500 NW 97TH Ave #200
MIAMI, FL 33172 MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0385697 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EDUARDO ROTUNDO
2500 NW 97TH AVE. # 200
MIAMI, FL 33172

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 Eduardo Rotundo 10/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D DRISCOLL, JAMES *Delete
NAME 18815 NW 62 Ave. #202
STREET ADDRESS Miami, Fl 33015
CITY-ST-ZIP

TITLE P/D POWELL, SHARON *Change
NAME 19055 NW 62 Ave. #104
STREET ADDRESS Miami, Fl 33015
CITY-ST-ZIP

TITLE V/P POWELL, SHARON
NAME 19055 NW 62 Ave. #104
STREET ADDRESS MIAMI, FL 33015
CITY-ST-ZIP

TITLE V/P DEL TORO, THECIA *Addition
NAME 18725 NW 62 Ave. # 201
STREET ADDRESS MIAMI, FL 33015
CITY-ST-ZIP

TITLE D WALTERS, CAROLYN
NAME 19025 NW 62 Ave. # 104
STREET ADDRESS MIAMI, FL 33015
CITY-ST-ZIP

TITLE D/S WALTERS, CAROLYN *Change
NAME 19025 NW 62 Ave. # 104
STREET ADDRESS MIAMI, FL 33015
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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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 817, 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: SHARON POWELL 10/8/01 (305) 430-0780
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)