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

DOCUMENT # 771235

1. Entity Name

COUNTRYSIDE VILLAGE PROPERTY OWNERS ASSOCIATION.



FILED

05-05-2003 90360 010 ****61.25

May 05, 2003 8:00 am Secretary of State

INC. Principal Place of Business Mailing Address 25.12.2 27553 SO DIXIE HWY 27553 SO DIXIE HWY HOMESTEAD FL 33032 HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0385697 City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IMOVATIVE PROPERTY MANAGEMENT SERVICE Street Address (P.O. Box Number is Not Acceptable) 27553 SW DIXIE HWY HOMESTEAD FL 33032 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **VPD** Change Addition X Delete TITLE TITLE Callejas, Javier Ave. #209 DEL TORO, THECIA NAME NAME 18725 NW 62ND AVE #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33015 CITY-ST-ZIP **MIAMI FL 33015** ☐ Change ☐ Addition TITLE ☐ Delete TITLE POWELL, SHARON NAME NAME 19055 NW 62 AVE #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MAIMI FL 33015** ☐ Addition TITLE ☐ Delete TITLE Change WALTERS, CAROLYN NAME NAME 19025 NW 62 AVE #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

7-29-03