

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12023

1. Entity Name

COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, I

Principal Place of Business

2175 N. POWERLINE RD.  
#3  
POMPANO BCH. FL 33069

Mailing Address

2175 N. POWERLINE RD.  
#3  
POMPANO BCH. FL 33069-1264

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

59-2771164

Applied For

Not Applicable

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

LARRY, SOLOMON  
3325 NW 101 AVE  
SUNRISE FL 33351

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 PD ☒ Delete  
NAME CUTTER, MICHAEL  
STREET ADDRESS 3306 NW 33 ST  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME DENOWITCH, TARYN  
STREET ADDRESS 3329 NW 101 AVE.  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME RODRIGUEZ, HECTOR  
STREET ADDRESS 10228 NW 33 PL  
CITY-ST-ZIP SUNRISE FL 33351

TITLE PD ☒ Change ☐ Addition  
NAME Rodriguez, Hector  
STREET ADDRESS 10228 NW 33 Place  
CITY-ST-ZIP Sunrise, FL 33351

TITLE SD ☐ Delete  
NAME BEWZAKEN, DAVID  
STREET ADDRESS 1950 S. OCEAN BLVD., #9F  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VPD, SD ☒ Change ☐ Addition  
NAME Benzaken, David  
STREET ADDRESS 1950 S. Ocean Blvd., 9A  
CITY-ST-ZIP Hallandale, FL 33009

TITLE TD ☐ Delete  
NAME SOLOMAN, LARRY  
STREET ADDRESS 3325 N.W. 101 AVENUE  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

954-986-7122

Daytime Phone #

CR2E037 (9/99)