

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12023

1. Entity Name

COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, I  
NC.

Principal Place of Business

Mailing Address

2183 N. POWERLINE RD.  
SUITE 1  
POMPANO BEACH FL 33069

2183 N. POWERLINE RD.  
SUITE 1  
POMPANO BEACH FL 33069

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 Heather Mahon  
Street Address (P.O. Box Number is Not Acceptable)

2183 N. Powerline Rd. Suite 1  
City Pompano Beach FL Zip Code 33069

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

Heather Mahon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/02  
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 RODRIGUEZ, HECTOR  
STREET ADDRESS 10228 NW 33 PL  
CITY-ST-ZIP SUNRISE FL 33351

TITLE Treasurer ☐ Change ☒ Addition  
NAME Joe Balchune  
STREET ADDRESS 3324 NW 101 Ave  
CITY-ST-ZIP Sunrise, FL 33351

TITLE VSD Secretary ☐ Delete  
NAME BEWZAKEN, DAVID  
STREET ADDRESS 1950 S OCEAN BLVD., 69  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VD ☐ Change ☒ Addition  
NAME Gus Rodriguez  
STREET ADDRESS 10241 NW 33rd. St.  
CITY-ST-ZIP Sunrise, FL 33351

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

TITLE VD ☐ Change ☒ Addition  
NAME Mike Galarce  
STREET ADDRESS 3309 NW 101 AVE  
CITY-ST-ZIP Sunrise, FL 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Hector Rodriguez (PRES.) 1/21/02 954973-2122

FILED  
Feb 10, 2002 8:00 am  
Secretary of State

02-10-2002 90027 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

402834

CR2E037 (9/01)