

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 18, 2009
Secretary of State**

DOCUMENT# N12023

Entity Name: COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11110 W OAKLAND PARK BLVD
#270
SUNRISE, FL 33351**New Principal Place of Business:**C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328**Current Mailing Address:**11110 W OAKLAND PARK BLVD
#270
SUNRISE, FL 33351**New Mailing Address:**C/O PROGRESSIVE MANAGEMENT ASSOCIATES, INC
5400 S UNIVERSITY DRIVE, SUITE 101
DAVIE, FL 33328

FEI Number: 59-2771164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:REPINSKI, NIDIA
11110 W. OAKLAND PARK BLVD
#270
SUNRISE, FL 33351 US**Name and Address of New Registered Agent:**PROGRESSIVE MANAGEMENT ASSOCIATES, INC.
5400 S UNIVERSITY DRIVE
SUITE 101
DAVIE, FL 33328 US

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: JONATHAN B. LOUIS

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VP () Delete
Name: REPINSKI, NIDIA
Address: PO BOX 451018
City-St-Zip: SUNRISE, FL 33345Title: P () Delete
Name: TIERNEY, MICHAEL
Address: 10216 NW 33 PLACE
City-St-Zip: SUNRISE, FL 33351Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: REPINSKI, NIDIA
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328Title: VPTD (X) Change () Addition
Name: TIERNEY, MICHAEL
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328Title: TSD () Change (X) Addition
Name: RODRIGUEZ, GUSTAVO
Address: 5400 S UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIDIA REPINSKI

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date