

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90149 011 ****61.25

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

2. Principal Place of Business 3. Mailing Address
5241 Club Road ← same

City & State
West Palm Bch, FL

City & State

4. FEI Number **59-2771164**

Applied For
Not Applicable

Zip Country Zip Country
33415 USA

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

**MANON, HEATHER
2183 N POWERLINE RD STE 1
POMPANO BEACH FL 33069**

Name **Heather Mahon**

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

5241 Club Rd

City **West Palm Bch** **FL** Zip Code **33415**

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 **Heather Mahon** **Heather Mahon, Property Manager** **1-22-03**
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 **\$5.00** May Be Added to Fees
Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD RODRIGUEZ, HECTOR	<input type="checkbox"/> Delete
STREET ADDRESS	10228 NW 33 PL	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	S BEWZAKEN, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1950 S OCEAN BLVD., 69	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE NAME	T BALCHUNE, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3324 NW 101 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	VD RODRIGUEZ, GUS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10241 NW 33RS ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	WB GALARCE, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	3309 NW 101 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Natalie Lantz	
CITY-ST-ZIP	3356 NW 101 Ave Sunrise, FL 33351	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Heather Mahon** **SIGNATURE REQUIRED** **1-22-03 561-686-4188**

CR2E037 (10/02)