

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12350

1. Entity Name

COUNTRY GREENS AT WESTCHESTER HOMEOWNERS' ASSOCI

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90005 042 ****61.25

Principal Place of Business

Mailing Address

% CMD MANAGEMENT INC
3082 JOG ROAD
LAKE WORTH FL 33467
US

% CMD MANAGEMENT INC
3082 JOG RD
LAKE WORTH FL 33467-2053
US

2. Principal Place of Business

3. Mailing Address

PHOENIX MGMT SERVICES, INC

PHOENIX MGMT SERVICES, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3082 JOG Road

3082 JOG Road

City & State

City & State

Lake Worth FL

Lake Worth, FL

Zip

Zip

33467

Palm Beach

33467

Palm Beach

6. Name and Address of Current Registered Agent

4. FEI Number

65-0011161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

ROSENTHAL, DAVID C.

% CMD MANAGEMENT INC
3082 JOG RD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

PHOENIX MGMT SERVICES, INC

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

3082 JOG Road

City

LAKE WORTH

FL

Zip Code

33467

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)