2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003272

COUNTRYSIDE NORTH RESIDENTS ASSOCIATION, INC.

Principal Place of Business Mailing Address 8775 - 20TH STREET #950 8775 - 20TH STREET #950 VERO BEACH FL 32966-6911 VERO BEACH FL 32960

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90008 047 ****61.25

U\$										
	•			ļ		OKO 10121 (2011 2021) 2011 20114 2012			118 (1881 1 36)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		-	4. FEI Number 65-0849281			Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.7	5 Add	litional	
6. Name and Address of Current Registered Agent				7	7. Name and	Address of New Regis	stered Agent		-	
				Name						
COLLING, LEE J ESQ 500 NORTH MAITLAND AVENUE SUITE 203				Street Address (P.O. Box Number is Not Acceptable)						
MAITLAND FL 32751							FL Zir	Code	3	
		l								
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		action Campaign Financing \$5.0 ust Fund Contribution.			Make Check Payable to Department of State				
10.	OFFICERS AND DIRE	CTORS	11.	AD	DITIONS/CHA	ANGES TO OFFICERS A	AND DIRECTO	RS IN	10	
TITLE	D	□XI Delete	TITLE	D			☐ Ch	ange	▼ Addition	
NAME	BALDWIN, GLENN		NAME	DIMES	SA, PA	r			ļ	
STREET ADDRESS	8775 - 20TH ST SUITE 220		STREET ADDRESS	8775	20th 8	ST SUITE 30	08			
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP	VERO	BEACH	FL 32966				
TITLE	SD	Delete	TITLE	SD			☐ Ch	ange	X Addition	
NAME	BELYEA, JOYCE		NAME	Mide	MANK	Y ST SUITE !&	٠.			
STREET ADDRESS	8775 20TH ST SUITE 522		STREET ADDRESS	1	ERO BEACH FL 32966					
CITY-ST-ZIP	VERO BEACH FL 32966		C!TY-ST-ZIP	VERO	DEACH	LT 25200				
TITLE	PD	□ Delete	TITLE	PD			☐ Ch	ange	Addition	
NAME	CRAVEN, LEONARD		NAME		Y, RICH					
STREET ADDRESS CITY-ST-ZIP	8775 20TH ST SUITE 365		STREET ADDRESS CITY-ST-ZIP	1		ST SUITE 51	L		}	
	VERO BEACH FL 32966				BEACH_	, FL 329€			3071	
TITLE	D SOPER SIGN	🔀 Delete	TITLE	D			☐ CH	iange	X Addition	
NAME STREET ADDRESS	FORBES, DICK		NAME STREET ADDRESS			NI, GERT				
CITY-ST-ZIP	8775 20TH ST SUITE 247		CITY-ST-ZIP			ST SUITE 57	73		i	
·	VERO BEACH FL 32966	R-71			BEACH	FL 32966			V talista	
TITLE	VD POWEDS TON	□ Delete	NAME	VD	N NIT (7)	,	Ct Ct	ange	X Addition	
NAME STREET ADDRESS	BOWERS, TOM		STREET ADDRESS		A, NICE		^			
CITY-ST-ZIP	8775 20TH ST SUITE 52 VERO BEACH FL 32966		CITY-ST-ZIP	1		ST SUITE 31	U			
		∑ Delete	_	TD:	BEACH	FL 32966	☐ Ch	anna	X Addition	
TITLE NAME	D Koniecki, Cecilia	En Delete	TITLE NAME	1	יים חיים	וויי ד א		anys	- Addition	
STREET ADDRESS			STREET ADDRESS	1	EST, LU		. ^		}	
CITY-ST-ZIP	8775-20TH ST SUITE 295 VERO BEACH FL 32966		CITY-ST-ZIP			ST SUITE 56	9			
	VERU DEMOR PL 32300		<u> </u>	LAFKO	BEACH.	FL 32966				

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.

SUBNITIFIED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

APR 2 6 2000 Date

561-569-0781 Daytime Phone #