2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90039 041 ****61.25

0070945

DOCUMENT # N97000003272

1. Entity Name

COUNTRYSIDE NORTH RESIDENTS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

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 65-0849281 ☐ 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
COLLING, LEE J ESQ 500 NORTH MAITLAND AVENUE SUITE 203 MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMESA, PAT 8775 20TH ST SUITE 308 VERO BEACH FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREITER, LORRAINE 8775 20TH ST #228 VERO BEACH FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAGNER, BILL 8775 20TH ST STE 178 VERO BEACH FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCASLIN, BERNIE 8775 20TH ST #912 VERO BEACH FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, ED 8775 20TH ST SUITE 51 VERO BEACH FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WIDEMAN, KAY 8775 20TH ST #178 VERO BEACH, FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCESCHINI, GERT 8775 20TH ST SUITE 573 VERO BEACH FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABEL, LARRY 8775 20TH ST #10 VERO BEACH FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGEE, BOB 8775 20TH ST STE 310 VERO BEACH FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELYEA, JOYCE 8775 20TH ST #522 VERO BEACH FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FORREST, LUELLA 8775 20TH ST STE 310 VERO BEACH FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: X SIGNATURE REQUIRED X APR 25 2002 561-569-0781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #