FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

750808

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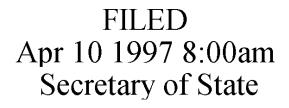
COUNTRY SIDE VILLAGE TOWNHOUSE CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business

Mailing Address

740 BLUEBIRD LANE PLANTATION FL 33324

740 BLUEBIRD LANE PLANTATION FL 33324-3159





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9 Principal							01/25/1980			3a. Date of Last Report 05/01/1996				
21	2. Principal Place of Business			2a. Mailing Address				4. FEI Number		•••		Applied Fo	<u></u>	
Sulte, Apt. #, etc.				Suite Act # etc					59-2753862				Not Applica	
22				Suite, Apt. #, etc.				ĺ	5. Certificate of Status Desire	ed l			5 Additiona	1
City & State				City & State									Required	
23				28					Election Campaign Finance Trust Fund Contribution			\$5.0)0 May Be	
Zφ		Country		Zip Cour			/		7,0000 to 1 86.				d to Fees	
24		25	29	30			•		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No					
	and Address of Cur	rent Registe	11	1		1	Name and Address of Ne							
						81	Name							\dashv
GONZA			82 Street Address (P.O. Box Number is Not Acceptable											
	JEBIRD LAN			82 Street Addi			Address	ddress (P.O. Box Number is Not Acceptable)						
PLANTA	ITION FL 33	324				83		 -					······································	
0														
						84				ì	FL		p Code	
11. Pursuant	to the provisi	ons of Sections 617.0	0502 and 617	1.1508, Florida Statut	tes, the at	0006	e-named	corporat	ion submits this statement for	the purr		Changing	te conietor	
agent. I a	ım familiar wi	h, and accept the ob	ate of Florida ligations of, (i. Such change was : Section 617.0503. Fi	authorized orida Stat	d by	the corp	poration's	board of directors. I hereby	accept the	he appo	intment a	as registere	ď
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE														
······································	Signature, typed	or printed name of registered			E Rogistered	Ape	nt signature	e required wh	en reinstating)		DATE			_ l
12.	AA.	OFFICERS /	AND DIRECT		13.				ADDITIONS/CHANGES TO (DIRECTO	ORS IN 12	
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.NAME				2.2 NA		ME		l						-
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CITY-ST-ZIP					C A CITY	ет	710							
14. I do hereby	certify that t	he information supplie	ed with this f	iling does not qualify	for the ex	xem	ption sta	ated in Se	ection 119.07(3)(i). Florida Stal	tutae I fo	urthor or	artifu that	Ale -	-

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that appears in Block 12 or Block 13 if changed, or on an attachment with an address.