

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90130 048 ****61.25

DOCUMENT # 750808

1. Entity Name

COUNTRY SIDE VILLAGE TOWNHOUSE CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

**740 BLUEBIRD LANE
 PLANTATION FL 33324**

**740 BLUEBIRD LANE
 PLANTATION FL 33324-3159**

801003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2753862

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**GONZALEZ, JAIME
 740 BLUEBIRD LANE
 PLANTATION FL 33324**

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	PD	<input type="checkbox"/> Delete
NAME	ESCOBAR, JAIME E	
STREET ADDRESS	740 BLUEBIRD LANE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JAIME	
STREET ADDRESS	740 BLUEBIRD LANE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIELENA	
STREET ADDRESS	740 BLUEBIRD LANE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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: *[Signature]* **JAIME GONZALEZ PD JANUARY 5/2000 (954) 473-8452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)