

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED

May 18, 2001 8:00 am
Secretary of State

04-30-2001 90143 043 ****61.25

DOCUMENT # 771235

1. Entity Name

COUNTRYSIDE VILLAGE PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

C/O SPM GROUP, INC.
2500 NW 97 AVE., SUITE 200
MIAMI FL 33172

C/O SPM GROUP, INC.
2500 NW 97 AVE., SUITE 200
MIAMI FL 33172

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

65-0385697

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

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

TITLE	RD SD	<input checked="" type="checkbox"/> Delete
NAME	DAWES, DEBBIE	
STREET ADDRESS	18875 NW 62ND AVENUE #106	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WETHERINGTON, SANDY	
STREET ADDRESS	18815 NW 62ND AVENUE #208	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	RD PD	<input checked="" type="checkbox"/> Delete
NAME	DRISCOLL, JAMES M	
STREET ADDRESS	18815 NW 62 AVE. #202	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	318 DR PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL JAMES M	
STREET ADDRESS	18815 NW 62 AVE #202	
CITY-ST-ZIP	MIAMI FLA 33015	
TITLE	318 DR VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL SHARON	
STREET ADDRESS	19055 NW 62 AVE #104	
CITY-ST-ZIP	MIAMI FLA 33015	
TITLE	318 DR BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, CAROLYN	
STREET ADDRESS	19025 NW 62 AVE #104	
CITY-ST-ZIP	MIAMI FLA 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

JAMES M DRISCOLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22 2001 305 628-0853
Date Daytime Phone #

CR2E037 (10/00)