

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90072 033 *****61.25

DOCUMENT # 771235

1. Entity Name

COUNTRYSIDE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

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~~

Innovative Property Service

2. Principal Place of Business

3. Mailing Address

27553 So. Dixie Hwy
 Suite, Apt. #, etc.

27553 So. Dixie Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Homestead, Florida

Homestead, FL

Zip

Country

Zip

Country

33032

Dade

33032

Dade

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

ROTUNDO, EDUARDO
2500 NW 97 AVE #200
MIAMI FL 33172

Name

Innovative Property Management Service
 Street Address (P.O. Box Number is Not Acceptable)

27553 So. Dixie Hwy

City

Homestead

FL

Zip Code

33032

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

2/22/02

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	DV	<input type="checkbox"/> Delete
NAME	DEL TORO, THECIA	
STREET ADDRESS	18725 NW 62ND AVE #201	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, SHARON	
STREET ADDRESS	19055 NW 62 AVE #104	
CITY-ST-ZIP	MAIMI FL 33015	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WALTERS, CAROLYN	
STREET ADDRESS	19025 NW 62 AVE #104	
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		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thecia Del Toro	
STREET ADDRESS	18725 NW 62 AVE #201	
CITY-ST-ZIP	MIAMI, FL 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		
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:

Sharon Powell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 (305) 4300780
 Date Daytime Phone #

CR2E037 (9/01)