


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90017 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N04004

1. Corporation Name

COUNTRYSIDE VILLAGE CONDOMINIUM "2" ASSOCIATION, INC.

Principal Place of Business

19055 N.W. 62 AVENUE
 HIALEAH FL 33015

Mailing Address

C/O SPM GROUP, INC.
 2151 LE JEUNE ROAD, SUITE 305
 CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/03/1984

4. FEI Number

59-2431878

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SPM GROUP, INC.
 2151 LE JEUNE ROAD
 SUITE 305
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| | | | |
|---|---------------------------|-------|-------------------|
| 81 Name | Arnold Yabing, Pres. | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 699 South Federal Highway | | |
| 83 | | | |
| 84 City | Hollywood | 85 FL | 86 Zip Code 33020 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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

Arnold Yabing, Pres. *Yabing & Schneid P.A.*

4-4-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | REQUES, JUDITH | |
| STREET ADDRESS | 19055 N.W. 62 AVE. #205 | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ESTRELLA, CARLOS | |
| STREET ADDRESS | 19055 N.W. 62 #210 | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | TSD | <input type="checkbox"/> DELETE |
| NAME | HANKS, SHIRLEY | |
| STREET ADDRESS | 19055 N.W. 62 AVE. #107 | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | EPPINGER, ARTYE | |
| STREET ADDRESS | 19655 N.W. 62 AVE. #107 | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Rotella, Gustavo | |
| 1.3 STREET ADDRESS | 19055 NW 62 AVE #207 | |
| 1.4 CITY-ST-ZIP | Miami, FL 33015 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gustavo Rotella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-99

Date

(305) 444-6752

Daytime Phone #

CR2E037 (11/98)