FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG -7 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07648

1. Corporation Name
Countryside Village Condominium Association, Inc # 6

REINSTATEMENT 94-98 ad

Principal Place of Business	Mailing Address
Countryside Village Condominium C/O SPM Group, Inc 2151 Le Jeune Road Suite # 305 Coral Gables, Fl 33134	

2. Principal Place of Business	2a. Mailing Address
21	26 SPM Group, Inc.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 305
City & State 23	City & State 28 Coral Gables, Fl
Zip / Country 24 / 25	Zip / Country 29 33134 / 30 USA

3. Date Incorporated or Qualified

4. FEI Number 59-2564876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPM Group, Inc 2151 Le Jeune Road Suite #305 Coral Gables, Fl 33134	81 Name SPM Group 82 Street Address (P.O. Box Number is Not Acceptable) 2151 Le Jeune 83 suite 305 84 City Coral Gables FL 85 Zip Code 33134

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Canamero, Alberto 18935 NW 62 ave #108 Miami, Fl 33015	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002612651--5 -08/11/98--01026--015 ***2870.00 ****481.25
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Fernandez, Mariana 18935 NW 62 ave #104 Miami, Fl 33015	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Piccolo, Daryl B 18935 NW 62 ave #104 Miami, Fl 33015	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ 6-6-98 (305)444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E037 (10/97)