

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90017 037 ****61.25

DOCUMENT # **N07648**

1. Corporation Name

**COUNTRYSIDE VILLAGE CONDOMINIUM " 6 " ASSOCIATIO
N, INC.**

Principal Place of Business

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

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.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/15/1985

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Arnold Yabling - Pres.

82 Street Address (P.O. Box Number is Not Acceptable)

699 South Federal Highway

83

84 City

Hollywood

FL

85 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 Yabling, Pres. Yabling & Schneid, P.A.

4-8-99

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
NAME CANAMERO, ALBERTO
STREET ADDRESS 18935 N.W. 62ND AVE. #108
CITY-ST-ZIP MIAMI FL 33015

DELETE

TITLE TD
NAME FERNANDEZ, MARIANA
STREET ADDRESS 18935 N.W. 62ND AVE. #104
CITY-ST-ZIP MIAMI FL 33015

DELETE

TITLE SD
NAME PICCOLO, DARYL
STREET ADDRESS 18935 N.W. 62ND AVE. #204
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
Robles, Victor
18935 NW 62 ave #101
MIAMI, FL 33015

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURES REQUIRED

4-8-99

(305) 441-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_1(11/98)