

FILE NOW: FILING FEE IS \$61.25

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 90025 050 \*\*\*\*61.25

DOCUMENT # N07650

1. Corporation Name

COUNTRYSIDE VILLAGE CONDOMINIUM " 5 " 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.

23 City & State

24 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

59-2564848

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.  
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 YABLON, PRES.  
Yablun & Schneid P.A.

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 YABLON, PRES. YABLON & SCHNEID, P.A.

4/5/99

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 GARIB, DAVID  
STREET ADDRESS 19025 N.W. 62ND AVE. #202  
CITY-ST-ZIP MIAMI FL 33015

TITLE TD  
NAME HARRIS, SONIA  
STREET ADDRESS 19025 N.W. 62ND AVE. #201  
CITY-ST-ZIP MIAMI FL 33015

TITLE SD  
NAME GARCIA, JESUS  
STREET ADDRESS 19025 N.W. 62ND AVE. #204  
CITY-ST-ZIP MIAMI FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/99 (301) 444-6757  
Date Daytime Phone #

0027581

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