

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90761 001 ***612.50

DOCUMENT # N07650

1. Entity Name

**COUNTRYSIDE VILLAGE CONDOMINIUM " 5 " ASSOCIATIO
N, INC.**

Principal Place of Business

Mailing Address

2500 NW 97 AVENUE
SUITE 200
MIAMI FL 33172

2500 NW 97 AVENUE
SUITE 200
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33032

Country
USA

Zip
33032

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2564848

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 97AVE #200
MIAMI FL 33172

Name
MILAGROS FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)

27553 S. DIXIE HWY
City
MIAMI 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

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
NAME PD
GARB, DAVID ☒ Delete
STREET ADDRESS 19025 N.W. 62ND AVE. #202
CITY-ST-ZIP MIAMI FL 33015

TITLE
NAME PD ☐ Change ☒ Addition
SHARON POWELL
STREET ADDRESS 19055 NW 62 AVE #104
CITY-ST-ZIP MIAMI FL 33015

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

TITLE
NAME VPD ☐ Change ☒ Addition
THECIA DEL TORO
STREET ADDRESS 18725 NW 62 AVE #201
CITY-ST-ZIP MIAMI FL 33015

TITLE
NAME SD ☐ Delete
WALTERS, CAROLYN
STREET ADDRESS 19025 NW 62 AVENUE #104
CITY-ST-ZIP HIALEAH FL 33015

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)