

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90761 001 ***612.50

DOCUMENT # N09944

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM "8" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SPM GROUP, INC.
 2500 N.W. 97TH AVENUE, STE. 200
 MIAMI FL 33172

% SPM GROUP, INC.
 2500 N.W. 97TH AVENUE, STE. 200
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

27553 S. DIXIE HWY

27553 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33032

Country

USA

Zip

33032

Country

USA

4. FEI Number

59-2564879

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 97TH AVENUE
#200
MIAMI FL 33172

Name **M. LAGROS 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 **PD** ☒ Delete
 NAME **DELGADO, MARISELL**
 STREET ADDRESS **18875 NW 62ND AVENUE, #202**
 CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **SD** ☒ Delete
 NAME **WILLIAMS, JAMES**
 STREET ADDRESS **18875 N.W. 62 AVENUE, #207**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **THECIA DEL TORO**
 STREET ADDRESS **18025 NW 62 AVE #201**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **TD** ☒ Delete
 NAME **RAMOS, OLGA**
 STREET ADDRESS **18875 N.W. 62 AVENUE, #107**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **TSD** ☐ Change ☒ Addition
 NAME **CAROLYN WALTERS**
 STREET ADDRESS **19025 NW 62 Avenue #104**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)