

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90025 049 ****61.25

DOCUMENT # N12023

1. Entity Name

COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

2175 N. POWERLINE RD.
 #3
 POMPANO BCH. FL 33069

2175 N. POWERLINE RD.
 #3
 POMPANO BCH. FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2183 N. Powerline Rd

3. Mailing Address

2183 N. Powerline Rd

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

59-2771164

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

USA

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

LARRY, SOLOMON
3325 NW 101 AVE
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, HECTOR	
STREET ADDRESS	10228 NW 33 PL	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEWZAKEN, DAVID	
STREET ADDRESS	1950 S OCEAN BLVD., 69	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOLOMAN, LARRY	
STREET ADDRESS	3325 N.W. 101 AVENUE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Larry Solomon* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2001 **954-963-2222**
 Date Daytime Phone #

CR2E037 (10/00)