

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91795 014 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N13569			
1. Entity Name COUNTRYSIDE VILLAGE CONDOMINIUM "9" ASSOCIATION, INC.			
Principal Place of Business 2500 NW 97 AVE SUITE 200 MIAMI, FL 33172 US		Mailing Address 2500 NW 97 AVE SUITE 200 MIAMI, FL 33172 US	
2. Principal Place of Business 27553 S. Dixie Hwy		3. Mailing Address 27553 S. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homestead, FL		City & State Homestead, FL	
Zip 33032		Country Dade	
4. FEI Number 59-2802093		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, MILAGROS 27563 S DIXIE HWY MIAMI, FL 33032		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when electing) Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, SHARON 19066 NW 62 AVE #104 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEL TORO, THEICA 18725 NW 62 AVE #201 MIAMI, FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTERS, CAROLYN 19025 NW 62ND AVE #104 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 registered 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: <i>Sharon Powell</i> President		4-29-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)