

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 09, 2002 8:00 am
Secretary of State**

07-09-2002 90026 005 ****61.25

DOCUMENT # N14898

1. Entity Name

**COUNTRYSIDE VILLAGE CONDOMINIUM "10" ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

**2500 N.W. 97TH AVENUE
#200
MIAMI FL 33172****2500 N.W. 97TH AVENUE
#200
MIAMI FL 33172****80127497**

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 FLCity & State
HOMESTEAD FL

4. FEI Number

59-2725774

Applied For

Not Applicable

Zip
33032

Country

Zip
33032Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ROTUNDO, EDUARDO
2500 N.W. 97TH AVENUE
STE. 200
MIAMI FL 33172****7. Name and Address of New Registered Agent**Name
FERNANDEZ, MILAGROSStreet Address (P.O. Box Number is Not Acceptable)
27553 S. DIXIE HWYCity
HOMESTEADFL 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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **D DRISCOLL, JAMES M**
STREET ADDRESS **18815 NW 62ND AVENUE #202**
CITY-ST-ZIP **HIALEAH FL 33015**TITLE ☐ Delete
NAME **D WETHERINGTON, SANDRA**
STREET ADDRESS **18815 NW 62ND AVENUE #208**
CITY-ST-ZIP **HIALEAH FL 33015**TITLE ☐ Delete
NAME **D JONES, BARBARA E**
STREET ADDRESS **18815 NW 62ND AVENUE #104**
CITY-ST-ZIP **HIALEAH FL 33015**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

JAMES M DRISCOLL
JAMES M DRISCOLL 305-628-0853

CR2E037 (9/01)