

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

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

05-05-2003 90360 017 *****61.25

DOCUMENT # N14898

1. Entity Name

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



Principal Place of Business

**27553 S DIXIE HWY
HOMESTEAD FL 33032**

Mailing Address

**27553 S DIXIE HWY
HOMESTEAD FL 33032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2725774**

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

**FERNANDEZ, MILAGROS
27553 S DIXIE HWY
HOMESTEAD FL 33032**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	DRISCOLL, JAMES M	
STREET ADDRESS	18815 NW 62ND AVENUE #202	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	☒ Delete
NAME	WETHERINGTON, SANDRA	
STREET ADDRESS	18815 NW 62ND AVENUE #208	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	☒ Delete
NAME	JONES, BARBARA E	
STREET ADDRESS	18815 NW 62ND AVENUE #104	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	Powell, Sharon	
STREET ADDRESS	19055 NW 62nd Avenue #104	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	VPD	☒ Change ☐ Addition
NAME	Callejas, Javier	
STREET ADDRESS	18965 NW 62nd Avenue #209	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	SD	☒ Change ☐ Addition
NAME	Walters, Carolyn	
STREET ADDRESS	19025 NW 62nd Avenue #104	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

Sharon Powell **President**

4-29-03

CR2E037 (10/02)