

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23091

1. Entity Name

COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

P O BOX 677307
ORLANDO FL 32867-7307

P O BOX 677307
ORLANDO FL 32867-7307

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

59-2937915

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

FRASCA, JOSEPH
7523 ALMA AVE
STE 210
WINTER PARK FL 32792

Name
Joseph Frasca

Street Address (P.O. Box Number is Not Acceptable)
7523 Aloma Avenue

Suite 210

City
Winter Park

FL

Zip Code
32792

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

Joseph Frasca 3/30/00

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 D ☐ Delete
NAME CHRISTMAS, ROBERT
STREET ADDRESS 2102 COUNTRYSIDE DRIVE
CITY-ST-ZIP APOPKA FL

TITLE PD ☐ Change ☒ Addition
NAME Marty Schwartz
STREET ADDRESS 1741 Cold Springs Court
CITY-ST-ZIP Apopka, FL 32712

TITLE D ☒ Delete
NAME GESELL, RICHARD
STREET ADDRESS 1786 WOODBURY CT., N
CITY-ST-ZIP APOPKA FL

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

TITLE D ☒ Delete
NAME DOUGLAS, VALERIE
STREET ADDRESS 1709 ERROL WOODS DR
CITY-ST-ZIP APOPKA FL 32712

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

TITLE VD ☐ Delete
NAME BEALL, MARK
STREET ADDRESS 1718 ERROL WOODS DR
CITY-ST-ZIP APOPKA FL

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

TITLE D ☒ Delete
NAME IANNUZZI, ROBERT
STREET ADDRESS 1788 ERROL WOODS CT
CITY-ST-ZIP APOPKA FL 32712

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

TITLE D ☒ Delete
NAME SMOLENSKI, MARK
STREET ADDRESS 1752 COLD SPRINGS COURT
CITY-ST-ZIP APOPKA FL 32712

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:

Marty Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marty Schwartz

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90128 033 ****61.25



DO NOT WRITE IN THIS SPACE