

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90169 019 ****61.25

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **Joseph Frasca**
 Street Address (P.O. Box Number is Not Acceptable): **4762 N. Palm Avenue**
46 Preferred Community Management
Winter Park FL 32782-9111

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

JOSEPH FRASCA

1/14/02

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	<input type="checkbox"/> Delete
NAME	SPIRGAL, WILLIAM JR.	
STREET ADDRESS	2150 COUNTRYSIDE DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TELFORD, WILLIAM	
STREET ADDRESS	1774 NORDIC COURT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCDONNELL, KERRY	
STREET ADDRESS	1746 WOODBURY COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIEGEL, WILLIAM JR.	
STREET ADDRESS	2150 COUNTRYSIDE DR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Spiegel **WILLIAM SPIEGEL** 1/20/02 407925-4382

CR2E037 (9/01)