


FILE NOW: FILING FEE IS \$61.25

11755

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 AUG -7 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24861**

1. Corporation Name

Countryside Villages Condominium Association, Inc. # 12

Principal Place of Business

Mailing Address

**Countryside Villages Condominium Association, Inc.
c/o SPM Group Inc. Suite # 305
Coral Gables, FL 33134**

REINSTATEMENT

95.98
ad

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc	26 SPM Group Inc		65-0125417	Not Applicable
22 City & State	27 2151 Le Jeune Rd #305	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23 Zip	28 Coral Gables, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Country	29 33134	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
25	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	SPM Group Inc
82 Street Address (P.O. Box Number is Not Acceptable)	2151 Le Jeune Road Suite #305
83	
84 City	Coral Gables FL
85 Zip Code	33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Hugo Espinoza

6/6/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	EDUARDO DE CASTILLO		
STREET ADDRESS	18755 N.W. 62ND AVE #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
TD	Grant, Alma		
STREET ADDRESS	18755 NW 62nd Ave #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
SD	NANTON, ERIC		
STREET ADDRESS	18755 NW 62nd Ave #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/98 (305) 444-6757

Date

Daytime Phone #

CR-2037 (10/97)