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04-14-1999 90017 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24861

1. Corporation Name
COUNTRYSIDE VILLAGE CONDOMINIUM NO. 12 ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
C/O SPM GROUP. INC. 2151 LE JEUNE ROAD. SUITE 305 CORAL GABLES FL 33134	C/O SPM GROUP. INC. 2151 LE JEUNE ROAD. SUITE 305 CORAL GABLES FL 33134

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/15/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0125417 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SPM GROUP, INC.
C/O SPM GROUP, INC.
2151 LE JEUNE ROAD, SUITE 305
CORAL GABLES FL 33134.

10. Name and Address of New Registered Agent

81 Name: ARNOLD YABLIN, PRES. Yablin Schneid P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 699 South Federal Highway
83
84 City: Hollywood FL 85 Zip Code: 33020

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: ARNOLD YABLIN, PRES. YABLIN & SCHNEID, P.A. DATE: 4/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, EDWARD W		1.2 NAME	
STREET ADDRESS	18755 NW 62 AVE., #103		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, ALMA		2.2 NAME	
STREET ADDRESS	18755 NW 62 AVE., #204		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NANTON, ERIC		3.2 NAME	
STREET ADDRESS	18755 NW 62 AVE., #101		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3/22/99 — (305) 444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRPE037 (11/98)