

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24861

1. Entity Name

COUNTRYSIDE VILLAGE CONDOMINIUM NO. 12 ASSOCIATI

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90027 046 \*\*\*\*61.25

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 33134-4200

2. Principal Place of Business

2500 NW 97 AVE.

3. Mailing Address

2500 NW 97 AVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip 33172

Country USA

Zip 33172

Country USA

4. FEI Number

65-0125417

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

~~YABLIN SCHNEID PA  
699 S FEDERAL HWY  
HOLLYWOOD FL 33020~~

Name Arnold Yablin, P.A.

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

699 S Federal Highway

City Hollywood

FL

Zip Code 33020

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 *Arnold Yablin, P.A.* ARNOLD YABLIN, P.A.

2-8-00

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 PD  
NAME CASTILLO, EDWARD W  
STREET ADDRESS 18755 NW 62 AVE., #103  
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

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

TITLE TD  
NAME GRANT, ALMA  
STREET ADDRESS 18755 NW 62 AVE., #204  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE PD  
NAME GRANT, ALMA  
STREET ADDRESS 18755 NW 62 AVE. #204  
CITY-ST-ZIP MIAMI, FL 33015 ☒ Change ☐ Addition

TITLE SD  
NAME NANTON, ERIC  
STREET ADDRESS 18755 NW 62 AVE., #101  
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE TD  
NAME NILDA FLORES  
STREET ADDRESS 18755 NW 62 AVE #201  
CITY-ST-ZIP MIAMI, FL 33015 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00 904 385-9988  
Date Daytime Phone #

CR2E037 (9/99)