

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90761 001 ***612.50

DOCUMENT # N24861

1. Entity Name

**COUNTRYSIDE VILLAGE CONDOMINIUM NO. 12 ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

**2500 NW 97 AVE
 STE 200
 MIAMI FL 33172
 US**

**2500 NW 97 AVE
 STE 200
 MIAMI FL 33172
 US**

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

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

**ROTUNDO, EDUARDO
 2500 NW 97TH AVE #200
 MIAMI FL 33172**

Name

Milagros Fernandez

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

2553 So. Dixie Hwy

City

Homestead

FL

Zip Code

33032

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

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

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

TITLE **TD** ☒ Delete
 NAME **FLORES, NILDA**
 STREET ADDRESS **18755 NW 62 AVE 201**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD Shawn Powell** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **19055 NW 62 Ave #104**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **VPD Theresa Del Toro** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **18725 NW 62 Ave #201**
 CITY-ST-ZIP **MIAMI, FL. 33015**

TITLE **SD Carolyn Walker** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **19025 NW 62 Ave #104**
 CITY-ST-ZIP **Hialeah, Florida 33015**

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

CR2E037 (9/01)