-7-12905

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG -7 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-98

DOCUMENT # N28846

1. Corporation Name
Countryside Village Condominium Association Inc # 4

Principal Place of Business
Countryside Villages Condominium
C/O SPM Group Inc.
2151 Le Jeune Road suite # 305
Coral Gables, Fl 33134

Mailing Address
Countryside Villages Condominium
C/O SPM Group Inc.
2151 Le Jeune Road suite # 305
Coral Gables, Fl 33134

3. Date Incorporated or Qualified 00

4. FEI Number 65-0125421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 SPM Group Inc.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 305
City & State 23	City & State 28 Coral Gables, Fl
Zip 24 / Country 25	Zip 29 33134 / Country 30 USA

9. Name and Address of Current Registered Agent

SPM Group Inc
2151 Le Jeune Road suite #305
Coral Gables, Fl 33134

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
83 Suite #305
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 Jaime Espinoza (Jaime Espinoza) DATE 6/6/98
Signature, type 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	11 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Hernandez, Juan 18905 NW 62 ave #201 Miami, Fl 33015	12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	300002612613 -08/11/98-01026-015 ***2870.00 ****481.25
TITLE TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Escobar, Pedro 18905 NW 62 ave #101 Miami, Fl 33015	22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	
TITLE SD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Valdez, William 18905 NW 62 ave #102 Miami, Fl 33015	32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
TITLE •	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	

CR2E037 (10/97)

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 added above with an address.

SIGNATURE [signature] 6/6/98 (305) 444-6737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #