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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N28846

1. Corporation Name

**COUNTRYSIDE VILLAGE CONDOMINIUM 4 ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

4/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS HERNANDEZ, JUAN
CITY-ST-ZIP 18905 N W 62ND AVE #210
MIAMI FL 33015

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS ESCOBAR, PEDRO
CITY-ST-ZIP 18905 NW 62 AVE #201
MIAMI FL 33015

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS VALDEZ, WILLIAM
CITY-ST-ZIP 18905 NW 62ND AVE #102
MIAMI FL 33015

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/99

CR2E037 (11/98)