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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N18653** **(8)**

1. Corporation Name
COUNTRYSIDE MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 COUNTRYSIDE DRIVE NAPLES FL 33942 US	P.O. BOX 8930 NAPLES FL 33941-8930 US

3. Date Incorporated or Qualified: **01/08/1987**
3a. Date of Last Report: **10/09/1995**

2. Principal Place of Business	2a. Mailing Address
21 600 Countryside Dr.	26 7231 Radio Road
22 Suite, Apt. #, etc.	27 Box 600
23 City & State: Naples, FL	28 City & State: Naples, Fl. 33942
24 Zip: 33942 25 Country: Collier	29 Zip 30 Country

4. FEI Number: **59-2826101** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARON, JOSEPH 496 VERANDA WAY UNIT F206 NAPLES FL 33942	81 Name: Earl Kegg 82 Street Address (P.O. Box Number is Not Acceptable): c/ 7231 Radio Rd. - #600 ? 83 600 Countryside Dr. 84 City: Naples, FL 85 Zip Code: 33942

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: Earl C. Kegg x Earl C. Kegg x 2/29/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FESTA, DOM 7380 PROVINCE WAY #5107 NAPLES FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Earl Kegg 600 Country Side Dr. Naples, Fl. 33942	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FESTA, DON 7380 PROVINCE WAY #5107 NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DISDIER, ALBERT P. 260 COUNTRYSIDE DR NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERRMAN, ROBERT 7300 COVENTRY COURT, #609 NAPLES FL 33942	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300001752429 -03/25/96--01009--017 ***70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JILEK, LEON 421 COUNTRY HOLLOW D-205 NAPLES FL 33942	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Vice President GRIMM, GRANT W 7340 GLENMOOR LANE #308 NAPLES FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Earl C. Kegg 1-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DM 3-22-1996