2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N18653

Entity Name: COUNTRYSIDE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

600 COUNTRYSIDE DRIVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

600 COUNTRYSIDE DRIVE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2826101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERDERBER, CLIFFORD
600 COUNTRYSIDE DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: FLEMING, RICHARD
Address: 496 VERANDA WAY #F201
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: FEENEY, MARCIA
Address: 224 COUNTRYSIDE DR
City-St-Zip: NAPLES, FL 34104

Title: P ( ) Delete
Name: KUDELSKI, RICHARD
Address: 7220 COVENTRY CT #222
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete
Name: BROWN, DOUGLAS
Address: 7300 GLENMOOR LN #1307
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MARCIA, FEENEY
Address: 224 COUNTRYSIDE DR
City-St-Zip: NAPLES, FL 34104

Title: T (X) Change ( ) Addition
Name: HETH, GENE
Address: 422 COUNTRY HOLLOW CT. #E206
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RK P 04/25/2007

Electronic Signature of Signing Officer or Director — Date