

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90034 011 \*\*\*\*\*61.25

**DOCUMENT # N18653**

1. Entity Name

**COUNTRYSIDE MASTER ASSOCIATION, INC.**



Principal Place of Business

**600 COUNTRYSIDE DRIVE  
NAPLES FL 34104  
US**

Mailing Address

**600 COUNTRYSIDE DRIVE  
NAPLES FL 34104  
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 **59-2826101**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASCHAL, JAMES  
600 COUNTRYSIDE DRIVE  
NAPLES FL 33942**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME **FLEMING, RICHARD**  
STREET ADDRESS **498 VERANDA WAY #F201**  
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **D** ☒ Delete  
NAME **MCNULTY, MICHAEL**  
STREET ADDRESS **200 COUNTRYSIDE DR**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **KEGG, EARL**  
STREET ADDRESS **189 ST. JAMES WAY**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **P** ☐ Delete  
NAME **KUDELSKI, RICHARD**  
STREET ADDRESS **7220 COVENTRY CT #222**  
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **T** ☐ Delete  
NAME **TOOMEY, RICHARD**  
STREET ADDRESS **7240 COVENTRY COURT, #329**  
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **S** ☐ Delete  
NAME **BROWN, DOUGLAS**  
STREET ADDRESS **7300 GLENMOOR LN #1307**  
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **D** ☐ Delete  
NAME **RONDO, FRANK**  
STREET ADDRESS **7320 ST. IVES WAY #4301**  
CITY-ST-ZIP **NAPLES FL 34104**

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]* **PRESIDENT**

**239-353-1780**

CR2E037 (10/02)