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95 MAY -1 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N20385 (3)
1. Corporation Name
COUNTRYSIDE VERANDAS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business Mailing Address
**C/O R & P MANAGEMENT ASSOC., INC.
265 S AIRPORT RD
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/28/1987** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2832146** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**R&P MANAGEMENT ASSOCIATES
265 AIRPORT RD. SOUTH
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TEMPLETON, YVONNE
STREET ADDRESS	504 VERANDA WAY #B-102
CITY-ST-ZIP	NAPLES FL 33942
TITLE	STD
NAME	LEHMAN, SUE
STREET ADDRESS	508 VERANDA WAY, #C-106
CITY-ST-ZIP	NAPLES FL 33942
TITLE	VD
NAME	OCKULY, JAMES
STREET ADDRESS	500 VERANDA WAY #C-106
CITY-ST-ZIP	NAPLES FL 33942
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BORTNIK, EDWARD
1.3 STREET ADDRESS	508 Veranda Way, #C-103
1.4 CITY-ST-ZIP	Naples, FL 33942
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEHMAN, BARNEY
2.3 STREET ADDRESS	508 Veranda Way, #C-106
2.4 CITY-ST-ZIP	Naples, FL 33942
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROLPH, HARRY
3.3 STREET ADDRESS	504 VERANDA WAY, #B-106
3.4 CITY-ST-ZIP	Naples, FL 33942
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EGAN, FRANK
4.3 STREET ADDRESS	508 Veranda Way, C-101
4.4 CITY-ST-ZIP	Naples, FL 33942
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TEMPLETON, ROBERT
5.3 STREET ADDRESS	504 Veranda Way, #B-102
5.4 CITY-ST-ZIP	Naples, FL 33942
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Edmund A. Bortnik **4-25-95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Anytime Herein)