FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N20385

COUNTRYSIDE VERANDAS CONDOMINIUM ASSOCIATION, TNC.

Principal Place of Business

Mailing Address

800001852328 -06/05/96--01093--027

MAPLES, FL 33940		3435 10th Street No. #201 Naples, Fl 33940		***61.25 3. Date Incorporated or Qualified	3a. Date of Last Report
				04)28/87	Ja. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2832146 Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in-	tangible tax under s. 199.032,
24	9 Name and Address of Current	29 Pagistared Acont	30		Yes XNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name and Address of New Registered Agent					
			Men	on, Jack D. CAA	
			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
4			83 0441	AUCUAA DADE DOUIS	•
4			94 04	ANCHOR RODE DRIVE	
			MAD	UBS, FL	FL 85 33940
11. Pursuant t	to the provisions of Sections 617,0502 a ed agent, or both, in the State of Florida	ind 617.1508, Florida Statute	es, the above-named corporation's bo	poration submits this statement for the purporard of directors. Thereby accept the appoin	ose of changing its registered office
familiar wit	in, and accept the congations of, Section	n 617.0503, Florida Statutes			- 4
SIGNATURE _	Signagine, typed or printed name of vegistered agent an	, CPA		0	4/29/96
12.	OFFICERS AND		TE: Registered Agent signature requi	rod wher: reinstating) ADDITIONS: CHANGES TO OF FIC	UAIE
TITLE		DELETE		RENDENT/DIRECTOR	☐ Change ☐ Addition
NAME			1.2 NAME	DRINIK, EDWARD	
STREET ADDRESS				ob verdida way clos	
CITY-ST-ZIP				unples, fl 33942	
TITLE		DELETE		ice president/direct	SR. □ Change □ Addition
NAME			22 NAME	ELIMAN, BARNEY	
STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS	508 veraña way ciob Naples, fl 33942	
TITLE		DELETE		scorenary/director	Change Addition
NAME			32 NAME	ROUPH, HARRY	Change
STREET ADDRESS			3 3 STREET ADDRESS	504 VERANDAWAY BIOG	
CITY - ST - ZIP			3 4. CITY-ST-ZIP	UAPLES, FL 33942	
TITLE		DELETE		TREASURER/DIRECTOR	Change Addition
NAME			4. 2 NAME	EGAN, EDAUL	
STREET ADDRESS			4.3 STREET ADDRESS	508 VERANDA WAY C:101	
CITY - ST - ZIP TITLE		TIDELETE		Naples, FL 33942	Change Addition
NAME				DIRECTOR PAPER	Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	TEMPLETON, ROBERT 504 VERNUDA WAY BIOZ	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	NAPLES EL 33942	
TITLE		DELETE	61 TITLE	INITIAL PARTY OF THE PARTY OF T	☐ Change ☐ Addition
NAME			62 NAME		-) - c(.
STREET ADDRESS			6 3 STREET ADDRESS		0-5.1.94
CITY-ST-ZIP	y cartify that the information symplical will	the thin films in unhantarity forms	6 4 CITY - ST - ZIP		J J \ \/

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:

353-0487 Dayting Phone #

CR2E037 (12/95)