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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20385

1. Corporation Name
COUNTRYSIDE VERANDAS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business C/O INTEGRATED PROP. MANAGEMENT 3435 10TH ST., NO. #210 NAPLES FL 33940	Mailing Address C/O INTEGRATED PROP. MANAGEMENT 3435 10TH ST., NO. #210 NAPLES FL 33940
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2. Principal Place of Business 270 THE CONTINENTAL GROUP Suite, Apt. #, etc. 2291 JTC BOULEVARD City & State NAPLES FL Zip 34109	2a. Mailing Address 270 THE CONTINENTAL GROUP Suite, Apt. #, etc. 2291 JTC BOULEVARD City & State NAPLES FL Zip 34109	3. Date Incorporated or Qualified 04/28/1987	4. FEI Number 59-2832146	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
23. 34109	25. COLLIER	29. 34109	30. COLLIER	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. 34109		25. COLLIER		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MELLON, JACK D
844 ANCHOR RODE DRIVE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name **JERRY MANNING**
 82 Street Address (P.O. Box Numbers Not Acceptable) **THE CONTINENTAL GROUP**
 83 **2291 JTC BOULEVARD**
 84 City **NAPLES** FL 85 Zip Code **34109**

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 *[Signature]* DATE **4/12/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORTNIK, EDWARD	
STREET ADDRESS	508 VERANDA WAY #C103	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, BARNEY	
STREET ADDRESS	508 VERANDA WAY #C106	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROLPH, HARRY	
STREET ADDRESS	504 VERANDA WAY #B106	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EGAN, FRANK	
STREET ADDRESS	508 VERANDA WAY #C101	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMPLETON, ROBERT	
STREET ADDRESS	504 VERANDA WAY #B102	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	OCKULY, JAMES
2.4 CITY-ST-ZIP	506 Veranda Way, #A-106 Naples, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/19/99** DAYTIME PHONE: **941-353-0822**

CR2E037 (1/198)