

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90026 044 \*\*\*\*61.25

**DOCUMENT # N20385**

1. Entity Name  
**COUNTRYSIDE VERANDAS CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business <b>C/O THE CONTINENTAL GROUP                  2291 J+C BOULEVARD                  NAPLES FL 34109</b>	Mailing Address <b>C/O THE CONTINENTAL GROUP                  2291 J+C BOULEVARD                  NAPLES FL 34109</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Integrated Property Management</b>	3. Mailing Address <b>c/o Integrated Property Management</b>
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Suite, Apt. #, etc. <b>3435 10th Street N., Suite 201</b>	Suite, Apt. #, etc. <b>3435 10th Street N., Suite 201</b>
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City & State <b>Naples, Florida</b>	City & State <b>Naples, Florida</b>
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4. FEI Number <b>59-2832146</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip <b>34103</b>	Country <b>USA</b>	Zip <b>34103</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MANNING, JERRY                  THE CONTINENTAL GROUP                  2291 J+C BLVD                  NAPLES FL 34109</b>		7. Name and Address of New Registered Agent Name <b>Kierstein, Juliana</b> Street Address (P.O. Box Number is Not Acceptable) <b>4100 Corporate Square</b> <b>#172</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>	
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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.

SIGNATURE: *Juliana M. Kierstein RPA* **JULIANA KIERSTEIN** DATE: **4-5-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BORTNIK, EDWARD 508 VERANDA WAY #C103 NAPLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Bortnik, Edmund 508 Veranda Way #C103 Naples, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD OCKULY, JAMES 500 VERANDA WAY, #A-106 NAPLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ROLPH, HARRY 504 VERANDA WAY #B106 NAPLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD EGAN, FRANK 508 VERANDA WAY #C101 NAPLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Egan, Frank 508 Veranda Way #C101 Naples, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TEMPLETON, ROBERT 504 VERANDA WAY #B102 NAPLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Solomon, Howard 508 Veranda Way #C104 Naples, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edmund Bortnik* **EDMUND BORTNIK** DATE: **4-5-00** DAYTIME PHONE #: **941-434-7447**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)