

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90207 005 ****61.25

0004155

DOCUMENT # N20385

1. Entity Name

COUNTRYSIDE VERANDAS CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business

**C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES FL 34109**

Mailing Address

**C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2832146**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWELL, WILLIAM A
7148 A CORPORATE SQUARE
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Newell, William
Street Address (P.O. Box Number is Not Acceptable)
5435 Jaeger Road #4
City **Naples** FL Zip Code **34109**

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

[Handwritten Signature] **WILLIAM NEWELL** **4/7/03**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAZAROU, TON	
STREET ADDRESS	500 VERANDA WAY - SUITE A204	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LARKIN, LEE	
STREET ADDRESS	508 VERANDA WAY - SUITE C205	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DUANE	
STREET ADDRESS	500 VERANDA WAY - SUITE A105	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERRIFIELD, JAMES	
STREET ADDRESS	508 VERANDA WAY #C203	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARCY, MICHAEL	
STREET ADDRESS	500 VERANDA WAY - SUITE A205	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lazarou, Ron	
STREET ADDRESS	500 Veranda Way #A204	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* **2/11/03 239 514 1199**

CR2E037 (10/02)