FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20386** **(1)**

1. Corporation Name

COUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2272 AIRPORT ROAD SOUTH #309 NAPLES FL 33962	2272 AIRPORT ROAD SOUTH #309 NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2918443 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4600 Enterprise Ave.	26 4600 Enterprise
Suite, Apt. #, etc. 22 suite a	Suite, Apt. #, etc. 27 Suite A
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 33942 County 25 USA	Zip 29 33942 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAYVIEW PROPERTY MANAGEMENT 2272 AIRPORT ROAD, SOUTH SUITE 309 NAPLES FL 33962	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MORSE, WARREN	12 NAME	
STREET ADDRESS	7340 PROVINCE WAY #3308	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	VPTD	21 TITLE	TD ☐ Change ☐ Addition
NAME	LAUBHAN, HARRY	22 NAME	Norman Kolbe
STREET ADDRESS	7340 PROVINCE WAY #3104	23 STREET ADDRESS	7340 Province Way #3208
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, FL 33942
TITLE	DS	31 TITLE	SD ☐ Change ☐ Addition
NAME	LEWIS, JOAN	32 NAME	William Metzler
STREET ADDRESS	7340 PROVINCE WARY #3204	33 STREET ADDRESS	7340 Province Way #3307
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL 33942
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAY 1
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Russell J. Wright — Bayview Property Manager on behalf of Corp. — 4-1-95 — 793-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017418