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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N20386** (1)
1. Corporation Name
COUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.



Principal Place of Business Mailing Address
**4600 ENTERPRISE AVE.
SUITE A
NAPLES FL 33942
US** **4600 ENTERPRISE
SUITE A
NAPLES FL 34104-7014
US**

3. Date Incorporated or Qualified **04/28/1987** 3a. Date of Last Report **06/21/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2918443** Applied For
21 **26** **59-2918443** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State City & State 6. Election Campaign Financing
22 **27** Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,
23 **28** Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**BAYVIEW PROPERTY MGT
4600 ENTERPRISE AVE, STE A
SUITE 309
NAPLES FL 34104**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MORSE, WARREN	1.2 NAME	
STREET ADDRESS	7340 PROVINCE WAY #3308	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	KOLBE, NORMAN	2.2 NAME	
STREET ADDRESS	7340 PROVINCE WAY #3208	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	METZLER, WILLIAM	3.2 NAME	
STREET ADDRESS	7340 PROVINCE WAY #3307	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ 3-12-97 434-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058043

CR2E037 (9/96)