

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20386 (1)**  
1. Corporation Name  
**COUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.**



Principal Place of Business <b>4800 ENTERPRISE AVE. SUITE A NAPLES FL 33942 US</b>	Mailing Address <b>4800 ENTERPRISE SUITE A NAPLES FL 33942 US</b>
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3. Date Incorporated or Qualified <b>04/28/1987</b>	
4. FEI Number <b>59-2918443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**BAYVIEW PROPERTY MGT  
4800 ENTERPRISE AVE, STE A  
SUITE 309  
NAPLES FL 34104**

10. Name and Address of New Registered Agent  
81. Name **Wright Russell J.**  
82. Street Address (P.O. Box Number is Not Acceptable) **4600 Enterprise Avenue**  
83. **Suite A**  
84. City **Naples** 85. Zip Code **FL 34104**

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: *Russell Wright* DATE: **5-1-98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD MORSE, WARREN</b>	<input checked="" type="checkbox"/>
NAME	<b>7340 PROVINCE WAY #3308</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD KOLBE, NORMAN</b>	<input checked="" type="checkbox"/>
NAME	<b>7340 PROVINCE WAY #3208</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>SD METZLER, WILLIAM</b>	<input checked="" type="checkbox"/>
NAME	<b>7340 PROVINCE WAY #3307</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	<b>PD Don Ovington</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>7340 Province Way #3308</b>		
1.3 STREET ADDRESS	<b>Naples, FL 34104</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>VPD Allan Wilson</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>7340 Province Way #3301</b>		
2.3 STREET ADDRESS	<b>Naples, FL 34104</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>STD Margaret Maher</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>7340 Province Way #3201</b>		
3.3 STREET ADDRESS	<b>Naples, FL 34104</b>		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Allen Wilson* **Allen Wilson** 5-1-98 434-6100

CR2E037 (10/97)