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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20386

1. Corporation Name

COUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

4600 ENTERPRISE AVE.
SUITE A
NAPLES FL 33942
US

Mailing Address

4600 ENTERPRISE
SUITE A
NAPLES FL 33942
US



2. Principal Place of Business

4148A Corporate Square
Suite, Apt. #, etc.

2a. Mailing Address

4148A Corporate Square
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/28/1987

4. FEI Number

59-2918443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Newell, William
82 Street Address (P.O. Box Number is Not Acceptable)
4148A Corporate Square
83
84 City
Naples
85 Zip Code
FL 34104

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT a Registered Agent signature required when reinstating)

DATE

William Newell

3/15/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
OVINGTON, DON
STREET ADDRESS
7340 PROVINCE WAY #3308
CITY-ST-ZIP
NAPLES FL 34104

TITLE ☐ DELETE

NAME
VPD
WILSON, ALLAN
STREET ADDRESS
7340 PROVINCE WAY, #3301
CITY-ST-ZIP
NAPLES FL 34104

TITLE ☐ DELETE

NAME
STD
MAHER, MARGARET
STREET ADDRESS
7340 PROVINCE WAY, #3201
CITY-ST-ZIP
NAPLES FL 34104

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)