

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20386

1. Entity Name

CCOUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90295 047 ****61.25

Principal Place of Business 4148-A CORPORATE SQUARE NAPLES FL 34104 US	Mailing Address 4148-A CORPORATE SQUARE NAPLES FL 34104-4753 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2918443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEWELL, WILLIAM 4148-A CORPORATE SQUARE NAPLES FL 34104	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OVINGTON, DON		NAME OVINGTON, Don	
STREET ADDRESS 7340 PROVINCE WAY #3308		STREET ADDRESS 7340 Province Way # 3308	
CITY-ST-ZIP NAPLES FL 34104		CITY-ST-ZIP NAPLES FL 34104	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE VDI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILSON, ALLAN		NAME Quieto, Angelo	
STREET ADDRESS 7340 PROVINCE WAY, #3301		STREET ADDRESS 7340 Province Way # 3303	
CITY-ST-ZIP NAPLES FL 34104		CITY-ST-ZIP NAPLES FL 34104	
TITLE STD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHER, MARGARET		NAME MAHER, Margaret	
STREET ADDRESS 7340 PROVINCE WAY, #3201		STREET ADDRESS 7340 Province Way # 3201	
CITY-ST-ZIP NAPLES FL 34104		CITY-ST-ZIP NAPLES FL 34104	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *William Newell* **4/4/00** **643-4884**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)