

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2009  
Secretary of State**

DOCUMENT# N20386

Entity Name: COUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

% NEWELL PROPERTY MANAGEMENT CORP.  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US

**Current Mailing Address:**

**New Mailing Address:**

% NEWELL PROPERTY MANAGEMENT CORP.  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US

FEI Number: 59-2918443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NEWELL, WILLIAM  
5435 JAEGER RD., #4  
NAPLES, FL 34109 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: QUIETO, ANGELO  
Address: 7340 PROVINCE WAY #3303  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: WROBLE, BOB  
Address: 7340 PROVINCE WAY #3307  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: BONOMO, DONNA  
Address: 7340 PROVINCE WAY #3110  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO QUIETO

PD

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date