2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20386

1. Entity Name

COUNTRYSIDE CONDOMINIUM III ASSOCIATION, INC.

Country



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90207 031 ****61.25

	COO WE THE				
Principal Place of Business	Mailing Address				
% NEWELL PROPERTY MANAGEMENT CORP. 5435 JAEGER RD. #4 NAPLES FL 34109 US	% NEWELL PROPERTY MANAGEMENT CORP. 5435 JAEGER RD. #4 NAPLES FL 34109 US				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

☐ CHECK HERE IF MAKING CHANGES						
4. FEI Number 59-2918443	Applied For					
00 E0 10 TTO	Net Applicat					

5. Certificate of Status Desired

Not Applicable

\$8.7.5. Additional.

	6. Name and Address of Current Re	gistered Agent		7, Name and Addr	ess of New Registered Agent			
			Mewell, William					
NEWELL,	WILLIAM	4						
*4148-A C	ORPORATE_SQUARE		543	ss (P.O. Box Number is N	r 978aa # 4			
NAPLES	FL 34104							
	. ()		00.1	<u>,</u>	Tin Co.	40 -		
	·) / /		198120	les	· FL 学光	カロター		
8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. I am familiar with, and accept								
the obligat	ions of registered agent.		, ,			•		
	h/he	· Will	n. u 10	4	11/2/2	. ¬		
SIGNATURE		in WILLIA	9M NEWS		4/1/0	<u>て</u>		
0.0	Signature, typed or printed name of registered agent and		Registered Agent signature req		DATE L			
ĝ	······································	1		·····	·			
-		9. Election Camp	paign Financing	\$5.00 May Be	Make Check Payable	to :		
	FILE NOW: FEE IS \$61.25	Trust Fund Co	· · · · · · · · · · · · · · · · · · ·	Added to Fees	Florida Department of			
				7.0000 10 7 000	rionaa boparimom or	Otato		
10.	OFFICERS AND DIREC	TORS	11.	. ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS II	N 10		
TITLE	PTD	☐ Delete	TITLE 5	7	☐ Change	Addition		
NAME	CALVO, CHARLES	□ Delete	NAME I	TO LACOU	-			
STREET ADDRESS	7340 PROVINCE WAY #3308		STREET ADDRESS		ce Way #320	うろ		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	SAD FIDE	24104			
TITLE	VD	☐ Delete	TITLE	WIES PC	Change	Addition		
NAME	QUIETO, ANGELO :	∟ Delete	****		Change	□ Addition		
STREET ADDRESS	7340 PROVINCE WAY, #3303	· — — — — — — — — — — — — — — — — — — —	STREET ADDRESS	And the second	The state of the s			
CITY-ST-ZIP	NAPLES FL 34104	_	CITY-ST-ZIP					
	SD-		<u> </u>		☐ Change	☐ Addition		
TITLE	100	Delete	TITLE		Change	Magnion		
NAME	MAHER, MARGARET		NAME		•			
STREET ADDRESS	7340 PROVINCE WAY, #3201		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	NAPLES FL 34104							
TITLE		☐ Delete	TITLE		Change	Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	·	☐ Delete	TITLE		☐ Change	Addition		
NAME			NAME		•			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		☐ Change	Addition		
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby	certify that the information supplied with the	s filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Flor	rida Statutes. I further certify that the	information		

2. 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:

Feb 3, 2003

353-8587