

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90058 018 ****61.25

DOCUMENT # N21341

1. Entity Name

COUNTRY HAVEN CONDOMINIUM 1 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O R & P MANAGEMENT
 265 S. AIRPORT ROAD
 NAPLES FL 34104
 US

C/O R & P MANAGEMENT
 265 S. AIRPORT ROAD
 NAPLES FL 34104-3518
 US

2. Principal Place of Business

3. Mailing Address

1100 Fifth Ave So
 Suite, Apt. #, etc.
 201

1100 Fifth Ave So
 Suite, Apt. #, etc.
 201

City & State
 NAPLES, FL

City & State
 NAPLES FL

Zip
 34102

Country
 USA

Zip
 34102

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2874699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R AND P MANAGEMENT ASS
 265 AIRPORT RD SOUTH
 NAPLES FL 33942

Name

HALL, Robert M.

Street Address (P.O. Box Number is Not Acceptable)

Robert Hall & Associates, Inc.
 1100 Fifth Ave So Ste 201

City

NAPLES,

FL

Zip Code

34102

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

Robert M. Hall ROBERT M. HALL

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 Delete
 NAME CICCONI, AL
 STREET ADDRESS 7380 ST. IVES WAY 1205
 CITY-ST-ZIP NAPLES FL 34104

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME EARL, SANDY
 STREET ADDRESS 7380 ST IVES WAY, #1301
 CITY-ST-ZIP NAPLES FL 34104

TITLE V/D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE O Delete
 NAME ALEXANDER, EUNICE
 STREET ADDRESS 7380 ST IVES WAY, #1102
 CITY-ST-ZIP NAPLES FL 34104

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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

Signature SIGNATURE REQUIRED

4/28/00

(94)

353-0384

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)