

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90255 008 \*\*\*\*61.25

**DOCUMENT # N21341**  
 1. Entity Name  
**COUNTRY HAVEN CONDOMINIUM 1 ASSOCIATION, INC.**

Principal Place of Business 1100 FIFTH AVENUE SOUTH NAPLES FL 34102 US	Mailing Address 1100 FIFTH AVENUE SOUTH #201 NAPLES FL 34102 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4100 CORPORATE SQUARE Suite, Apt. #, etc. SUITE 105 City & State NAPLES FL Zip 34104 Country US	3. Mailing Address 4100 CORPORATE SQUARE Suite, Apt. #, etc. SUITE 105 City & State NAPLES FL Zip 34104 Country US
---	---

4. FEI Number 59-2874699	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  
 HALL, ROBERT M  
 ROBERT HALL & ASSOCIATES, INC  
 1100 FIFTH AVENUE SOUTH, STE. 201  
 NAPLES FL 34102

7. Name and Address of New Registered Agent  
 Name: ~~ANCHOR ASSOCIATES INC~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 4100 CORPORATE SQUARE  
 SUITE 105  
 City: NAPLES FL Zip Code: 34104

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: *Shirley Hingslow, CEO* DATE: 4-18-02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---------------------------------	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUNDER, JAMES 7380 ST. IVES WAY #1307 NAPLES FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DEPAMPHILIS, LAURA 7380 ST. IVES WAY, #1207 NAPLES FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SLICKER, RUS 7380 ST. IVES WAY, #1108 NAPLES FL 34104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VPSD STARK LESLIE D. 7380 ST IVES WAY 1106 NAPLES FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEPAMPHILIS LAURA 3940 LOBLOLLY BAY DR. #308 NAPLES FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laura M. Depamphilis* DATE: 4/16/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)