


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 007 ****61.25

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



Principal Place of Business: **4100 CORPORATE SQ. STE 105 3940 Radio Rd #111 NAPLES FL 34104 US**
Mailing Address: **4100 CORPORATE SQ. STE 105 3940 Radio Rd #111 NAPLES FL 34104 US**

2. Principal Place of Business: **3940 Radio Rd Suite, Apt. #, etc. #111**
3. Mailing Address: **3940 Radio Rd Suite, Apt. #, etc. #111**

City & State: **Naples, Fl.** Zip: **34104** Country: **USA**
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1st MOORE CR2E037 (10/04)
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
**ANCHOR ASSOCIATES
4100 CORPORATE SQ. STE. 105 3940 Radio Rd #111
NAPLES FL 34104**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: VPTD NAME: GALLI, STEPHANIE STREET ADDRESS: 7380 ST. IVES WAY, # 1305 CITY-ST-ZIP: NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE: VPSD NAME: EARL, SANDRA STREET ADDRESS: 7380 ST. IVES WAY, # 1301 CITY-ST-ZIP: NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE: PD NAME: SLICKER, RUS STREET ADDRESS: 7380 ST. IVES WAY, #1108 CITY-ST-ZIP: 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: VPTD NAME: GEORGE NICHOLSON STREET ADDRESS: 7380 ST IVES WAY 1303 CITY-ST-ZIP: NAPLES FL 34104	<input type="checkbox"/> Change <input checked="" 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
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: Rus Slicker Rus Slicker 3/25/05 239-352-8057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #