


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90283 005 ****61.25

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



Principal Place of Business Mailing Address
3940 RADIS ROAD #111 **3940 RADIS ROAD #111**
NAPLES FL 34104 **NAPLES FL 34104**
US **US**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
3940 RADIO ROAD #111 **3940 RADIO ROAD #111**

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-2874699** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANCHOR ASSOCIATES
3940 RADIS RD #111 RADIO RD #111
NAPLES FL 34104

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3940 RADIO RD #111
City **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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input checked="" type="checkbox"/> Delete
NAME	NICHOLSON, GEORGE	
STREET ADDRESS	7380 ST. IVES WAY, # 1305	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	EARL, SANDRA	
STREET ADDRESS	7380 ST. IVES WAY, # 1301	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLICKER, RUS	
STREET ADDRESS	7380 ST. IVES WAY, #1108	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDER JAMES	
STREET ADDRESS	7380 STIVES WAY # 1307	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Russ Slicker Date: 7/14/06