FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25306** **(4)**

1. Corporation Name

COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC.

Principal Place of Business	Mailing Address
% M.R. FLEMING 201 SAINT JAMES WAY NAPLES FL 33942	% M.R. FLEMING 201 SAINT JAMES WAY NAPLES FL 33942

3. Date Incorporated or Qualified: 03/09/1988
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business	2a. Mailing Address
21 E.F. McDowell	26 E.F. McDowell
22 Suite, Apt. #, etc. 188 St. James Way	27 Suite, Apt. #, etc. 188 St. James Way
23 City & State Naples, FL	28 City & State Naples, FL
24 Zip 33942 25 Country USA	29 Zip 33942 30 Country USA

4. FEI Number: 59-2918443 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEMING, M.R.
201 ST. JAMES WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: E.F. McDowell
82 Street Address (P.O. Box Number Not Acceptable): 188 St. James Way
83:
84 City: Naples FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: E.F. McDowell Pres & Dir. 3-14-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDOWELL, EUGENE		1.2 NAME		
STREET ADDRESS	188 ST JAMES WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, JAMES G.		2.2 NAME		
STREET ADDRESS	249 ST JAMES WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	PETERSON, JULIE		3.2 NAME	GARNER, MARTHA	
STREET ADDRESS	125 GRANVILLE CT		3.3 STREET ADDRESS	253 St James Way	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	SD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FESSLER, DONNA K		4.2 NAME	MATTISON, LEROY	
STREET ADDRESS	136 GRANVILLE CT		4.3 STREET ADDRESS	260 St. James Way	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	ANTILLA, LOLA		5.2 NAME		
STREET ADDRESS	106 GRANVILLE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene E.F. McDowell 3-14-96 941-455-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)