FILE NOW: FILING FEE IS $61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
E F MCDOWELL 188 ST JAMES WAY NAPLES FL 33942 US	E F MCDOWELL 188 ST JAMES WAY NAPLES FL 34104-6713 US

3. Date Incorporated or Qualified: 03/09/1988
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 LeRoy Mattison
22 Suite, Apt. #, etc.: 260 St. James Way
23 City & State: Naples, Fl
24 Zip: 34104
25 Country: USA

2a. Mailing Address
26 LeRoy Mattison
27 Suite, Apt. #, etc.: 260 St. James Way
28 City & State: Naples, FL
29 Zip: 34104
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

E F MCDOWELL
188 ST JAMES WAY
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: LeRoy Mattison
82 Street Address (P.O. Box Number is Not Acceptable): 260 St. James Way
83
84 City: Naples **FL** 85 Zip Code: 34104

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 LeRoy Mattison — March 10, 1997
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	Vice President & Director	☒ 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	Secretary & Director	☐ Change ☒ Addition
NAME	PAGE, JAMES G		2.2 NAME	Lee Hyland	
STREET ADDRESS	249 ST JAMES WAY		2.3 STREET ADDRESS	242 St. James Way	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, Fl 34104	
TITLE	SD	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	GARNER, MARTHA		3.2 NAME	William Herzog	
STREET ADDRESS	253 ST JAMES WAY		3.3 STREET ADDRESS	254 St. James Way	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	D	☐ DELETE	4.1 TITLE	President & Director	☒ Change ☐ Addition
NAME	MATTISON, LEROY		4.2 NAME		
STREET ADDRESS	260 T JAMES WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ 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		

CR2E037 (9/96)

14. I do 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 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.