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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25306

1. Corporation Name
COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC.

Principal Place of Business	Mailing Address
LEROY MATTISON 260 ST. JAMES WAY NAPLES FL 34104 US	LEROY MATTISON 260 ST JAMES WAY NAPLES FL 34104 US

2. Principal Place of Business	2a. Mailing Address
21 William Herzog	26 William Herzog
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 254 St. James Way	27 254 St. James Way
City & State	City & State
23 Naples, FL	28 Naples, FL
Zip / Country	Zip / Country
24 34104 / 25 USA	29 34104 / 30 USA

3. Date Incorporated or Qualifed: 03/09/1988

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

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

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

9. Name and Address of Current Registered Agent

MATTISON, LEROY
260 ST JAMES WAY
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name: William Herzog
82 Street Address (P.O. Box Number is Not Acceptable): 254 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 _____ DATE March 4 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COVONE, MAUREEN 268 ST, JAMES WAY NAPLES FL 34104	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary - Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HYLAND, LEE 242 ST JAMES WAY NAPLES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President - Director James Olson 132 Granville Ct. Naples, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HERZOG, WILLIAM 254 ST JAMES WAY NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President-Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTISON, LEROY 260 T JAMES WAY NAPLES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Carol Poulos 264 St. James Way Naples, FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, JOHN 128 GRANVILLE COURT NAPLES FL 34104	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Treasurer - Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ March 4 1999 941-353-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #