2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am & Secretary of State **DOCUMENT # N25306** 1. Entity Name COUNTRYSIDE HOMEOWNERS ASSOCIATION III. INC. 05-03-2001 91005 006 ****70.00 Principal Place of Business Mailing Address WILLIAM HERZOG WILLIAM HERZOG 254 ST JAMES WAY 254 ST JAMES WAY NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address DOONAN DWIGHT MCGRAW DOONAN DWIGHT MEGRAW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 245 Saint James Way 245 SAMT JAMES WAY City & State City & State 4. FEI Number Applied For 59-2918443 NAPLES NAPLES Not Applicable Country \$8.75, Additional 5., Certificate of Status Desired 4104-6715 34104<u>-671</u> U. S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MSGRAW, DOONAN Street Address (P.O. Box Number is Not Acceptable) MCGRAW, DONMAN DWIGHT 254 ST JAMES WAY NAPLES FL 34104 CityNAPLES Zio Code 34104-6715 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 25, 2001 SIGNATURE Signature, typed or printed name of registered agent and title if a legistered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TA GARA, ROBERT **Addition** TITLE **X** Delete TITLE ☐ Change COVONE, MAUREEN NAME NAME 197 SAINT JAMES WAY STREET ADDRESS STREET ADDRESS 268 ST. JAMES WAY CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP NAPLES FL 34104-6712 VP/D **VP ⊠** Delete ☐ Change **X**.Addition TITLE TITLE FAERM, STANLEY 237 SAINT JAMES WAY OLSON, JAMES NAME NAME STREET ADDRESS 132 GRANVILLE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104-6715 NAPLES FL 34104 PD TITLE Change Addition TITLE ☐ Delete MEGRAW, DOONAN DWIGHT MCGRAW, DONMAN DWIGHT NAME NAME 245 SAINT JAMES WAY STREET ADDRESS 254 ST JAMES WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-7IP NAPLES FL 34104-6715 DIR SID TITLE Delete TITLE Change Ch ☐ Addition HOMNISH, JOSH NAME NAME HPMNICK, JOHN 241 SAINT JAMES WAY STREET ADDRESS 241 ST JAMES WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104-6715 NAPLES FL 34104 TITLE **M**Delete TITLE ☐ Change **Addition** RAMSEY, SANDRA WALKER, JOHN NAME NAME 164 SAINT JAMES WAY NAPLES FL 34104-1 STREET ADDRESS 128 GRANVILLE COURT STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. CBRAW

CITY-ST-ZIP

SIGNATURE:

1-941-353-3372