FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90170 001 ****61.25
05-05-2002 90170 002 *****8.75

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80215

DOCUMENT # N25306

1. Entity Name
COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
245 SAINT JAMES WAY	245 SAINT JAMES WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34104-6715 Country: USA	Zip: 34104-6715 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MCGRAW, DOONAN DWIGHT

Street Address (P.O. Box Number is Not Acceptable): 245 SAINT JAMES WAY

City: NAPLES FL **FL** Zip 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MCGRAW, DOONAN DWIGHT
STREET ADDRESS	245 SAINT JAMES WAY
CITY-ST-ZIP	NAPLES FL 34104-6715
TITLE	V/D
NAME	FAERM, STANLEY
STREET ADDRESS	237 SAINT JAMES WAY
CITY-ST-ZIP	NAPLES FL 34104-6715
TITLE	S/D
NAME	HOMNICK, JACK
STREET ADDRESS	241 SAINT JAMES WAY
CITY-ST-ZIP	NAPLES FL 34104-6715
TITLE	T/D
NAME	GARA, ROBERT
STREET ADDRESS	197 SAINT JAMES WAY
CITY-ST-ZIP	NAPLES FL 34104-6712
TITLE	D
NAME	RAMSEY, SANDRA
STREET ADDRESS	164 SAINT JAMES WAY
CITY-ST-ZIP	NAPLES FL 34104-6713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Doonan Dwight McGraw DOONAN DWIGHT MCGRAW, PRESIDENT APRIL 20, 2002 239-353-3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #