

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90024 031 ****61.25

DOCUMENT # N25306 1. Entity Name COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC.					
Principal Place of Business 120 GRANVILLE CT NAPLES, FL 34104-6715 US			Mailing Address 120 GRANVILLE CT NAPLES, FL 34104-6715 US		
2. Principal Place of Business - No P.O. Box # 212 St. James Way Suite, Apt. #, etc.			3. Mailing Address 212 St. James Way Suite, Apt. #, etc.		
City & State Naples, FL Zip 34104		Country Collier		4. FEI Number 59-2918443	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SMITH, WILLIAM 212 ST JAMES WAY NAPLES, FL 34101			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>William Smith</i> DATE: 2/13/07 (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, WILLIAM 212 ST JAMES WAY NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEGG, ANN 189 ST. JAMES WAY NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNICHOLS, MIKE 170 ST. JAMES WAY NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARA, ROBERT 197 ST. JAMES WAY NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>William Smith</i> DATE: 2/13/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					