2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N25306

Entity Name: COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC.

Current Principal Place of Business:

212 ST. JAMES WAY
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

212 ST. JAMES WAY
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2918443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM
212 ST JAMES WAY
NAPLES, FL 34101 US

Name and Address of New Registered Agent:

SMITH, WILLIAM PRES.
212 ST JAMES WAY
NAPLES, FL 34104 US

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: WILLIAM SMITH 01/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, WILLIAM
Address: 212 ST JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete
Name: KEGG, ANN
Address: 189 ST. JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete
Name: KRANING, KENNETH
Address: 109 GRANVILLE CT
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: LOWELL, MOMBERG
Address: 253 ST JAMES WAY
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SMITH, WILLIAM
Address: 212 ST JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change ( ) Addition
Name: KEGG, ANNA J
Address: 189 ST. JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: SEC. (X) Change ( ) Addition
Name: KRANING, KENNETH
Address: 109 GRANVILLE CT
City-St-Zip: NAPLES, FL 34104

Title: TREA (X) Change ( ) Addition
Name: LOWELL, MOMBERG T
Address: 253 ST JAMES WAY
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL T MOMBERG TREA 01/20/2009
Electronic Signature of Signing Officer or Director Date