2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90324 008 ****61.25

DOCUMENT # N25306

1. Entity Name
COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC.

Principal Place of Business	Mailing Address
245 SAINT JAMES WAY NAPLES, FL 34104-6715 US	245 SAINT JAMES WAY NAPLES, FL 34104-6715 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGRAW, DOONAN D 245 SAINT JAMES WAY NAPLES, FL 34104-6715	Name JAMES G. HAUK Street Address (P.O. Box Number is Not Acceptable) 120 GRANVILLE CT City NAPLES FL Zip Code 34104

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 James G. Hauk 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25

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	PD MCGRAW, DOONAN D 245 SAINT JAMES WAY NAPLES, FL 341046712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAMES G. HAUK 120 GRANVILLE CT NAPLES FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FAERM, STANLEY 237 SAINT JAMES WAY NAPLES, FL 341046715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANN KEGG 189 ST JAMES WAY NAPLES FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGRAW, DONMAN DWIGHT 245 SAINT JAMES WAY NAPLES, FL 341046715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MIKE MCNICHOLAS 170 ST JAMES WAY NAPLES FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOMNISH, JOSH 241 ST JAMES WAY NAPLES, FL 341046715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERT GARA 197 ST JAMES WAY NAPLES FL 34104	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMSEY, SANDRA 164 SAINT JAMES WAY NAPLES, FL 341046713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOMNICK, JACK 241 SAINT JAMES WAY NAPLES, FL 341046715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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.

SIGNATURE: James G. Hauk 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #