

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24707

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: COUNTRY HAVEN CONDOMINIUM 3 ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P MANAGEMENT
265 S AIRPORT RD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P MANAGEMENT
265 S AIRPORT RD
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0070300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD SO
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELANEY, KATHLEEN,
Address: 7340 ST. IVES WAY, #3201
City-St-Zip: NAPLES, FL

Title: VPD () Delete
Name: GRAYLOCK, STEVEN,
Address: 7340 ST. IVES WAY, #3310
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: SAUNDERS, JOHN
Address: 7340 ST IVES WAY #3308
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: RAE, JAMES
Address: 7340 ST. IVES WAY, #3205
City-St-Zip: NAPLES, FL 34104

Title: STD (X) Change () Addition
Name: PAULUS, EVELYN
Address: 7340 ST. IVES WAY, #3101
City-St-Zip: NAPLES, FL 34104

Title: PD (X) Change () Addition
Name: SAUNDERS, JOHN
Address: 7340 ST IVES WAY #3308
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SAUNDERS

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date