2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24707

FILED Apr 29, 2003 Secretary of State

Entity Name: COUNTRY HAVEN CONDOMINIUM 3 ASSOCIATION, INC.

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
C/O R & P I 265 S AIRP NAPLES, F		NT		
Current Mailing Address:		New Mailing A	New Mailing Address:	
C/O R & P I 265 S AIRP NAPLES, F		NT		
El Number:	65-0070300	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Ad	dress of New Registered Agent:
	PERTY MAN RT RD SO	AGEMENT		
NAPLES, F		JS		
NAPLES, F	L 34104 l		ourpose of changing its re	egistered office or registered agent, or both,
NAPLES, F	L 34104 l named entity of Florida.		ourpose of changing its re	egistered office or registered agent, or both,
NAPLES, F The above in the State	named entity of Florida.			egistered office or registered agent, or both, Date
NAPLES, F The above in the State BIGNATUR	named entity of Florida.	submits this statement for the particles of Registered Age	ent	
NAPLES, F The above in the State BIGNATUR	named entity of Florida. EE:Electro	submits this statement for the prince Signature of Registered Age TORS:) Delete WAY, #3205	ent	Date
NAPLES, F The above in the State SIGNATUR DFFICERS Title: Jame: Juddress:	named entity of Florida. EE: Electro AND DIRECTOR VPD (RAE, JAMES 7340 ST. IVES NAPLES, FL 3	submits this statement for the princ Signature of Registered Age TORS:) Delete WAY, #3205 34104) Delete LYN WAY, #3101	ADDITIONS/C Title: Name: Address: City-St-Zip: Title: Name: DE Address: 73:	Date HANGES TO OFFICERS AND DIRECTOR () Change () Addition

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: JAMES RAE VPD 04/29/2003