2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT # 728254

COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NA

| Principal Place of Bu | usiness | Mailing Address C/O INTEGRATED PROP. MGT. 3435 10TH STREET. NORTH. #201 NAPLES FL 33940 US | | | | | |
|---|---------|---|---------|--|--|--|--|
| C/O INTERGRATED F 3435 10TH STREET. I NAPLES FL 33940 US | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zin | Country | Zin | Country | | | | |

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90312 014 ****61.25

| 3435 10TH STREET. NORTH, SUITE 201 NAPLES FL 33940 US | | 3435 10TH STREET, NORTH, #201 NAPLES FL 33940 US | | | | | BIB 11881 1811 1811 1818 1818 1818 1818 | | Birni birni nobi | | |
|---|--|--|---------------------------------|--------------|--|---|--|---------------------------|------------------|---------------|--|
| 2. Principal Place of Business | | ess | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City & State | | | | 4. FEI Numbe | 59-1529413 | Applied For | | |
| Zip | | Country | Zip | Country | | | 5. Certificate of Status Desired See Required Fee Required | | | | |
| | 6. Name | and Address of Current Re | egistered Agent | | 1 | 7. Name and Address of New Registered Agent | | | | | |
| | | | giotorio Angoria | | Name | | Traine and | Address of New Hegisteres | Agont | | |
| | | | | | | | | | | | |
| MELLON, J | IACK D. C | PA | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 844 ANCH | OR ROD D | PRIVE | | | | | | | | | |
| NAPLES FI | L 33940 | | | | | | | | | | |
| | | | | | City | | | FL | Zip C | ode | |
| 8. The above | named entit | y submits this statement for t | he purpose of changing its | register | red office or | register | red agent, or bot | h in the state of Florida | | | |
| | | , | ine parpose of ortaling ing ite | . 09.0.0 | 00 000 0. | 109.00 | ou agoni, or bot | in the class of Florida. | | | |
| | | | | | | | | | | ľ | |
| SIGNATURE _ | | | | | | | | | | | |
| | Signature, typed | or printed name of registered agent an | d title if applicable. (NOTE | : Register | ed Agent signatu | re required | d when reinstating) | DATE | | | |
| | | | | | | | | | | | |
| | FILE | NOW: | 9. Election Campaign | Financ | ina | ፍ ፍ ብ |)0 May Be | Make Check | Pavahle | to | |
| | | \$ \$61.25 | , | | | | d to Fees | Departmen | - | | |
| | 1 100 100 | . 401.20 | | | | | | is opartition | it of other | | |
| 10. | | OFFICERS AND DIRECTORS | | 11. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRE | | | IN 10 | |
| TITLE | VD | | ☐ Delete | TIT | Æ | D | | Chang | je Addition | | |
| NAME | GUZINSK | I, JOHN | | NA | v i E | | ızinski, Johr | n | • | | |
| STREET ADDRESS 5499 RATTLESNAKE HAMMOOK RE | | | RD A108 | | REET ADDRESS | 5499 Rattlesnake Hammock Rd | | | | | |
| CITY-ST-ZIP | NAPLES | FL 34113 | | CITY | | | Naples, FL | | | | |
| TITLE | D | | ☑ Delete | TIT | LE | P/I | D | | ☐ Chang | ge 🔀 Addition | |
| NAME | MORRISO | ON, ED | | NAI | ME | | _ ılbertson, Jii | m | | | |
| STREET ADDRESS | | | | STE | REET ADDRESS | 5419 Rattlesnake Hammock Rd. | | | | 1 | |
| C1TY-ST-Z1P | NAPLES | FL 34113 | | CIT | Y-ST-ZIP | Na | aples, FL | | | | |
| TITLE | DP | | ☑ Delete | TIT | LE | V/ | D | | ☐ Chang | ge 🔀 Addition | |
| NAME | | | | NA | ME | | ed, Bill | | · | | |
| STREET ADDRESS | ADDRESS 5419 RATTLESNAKE HAMMOCK RD F304 | | | ŞTI | REET ADDRESS | | | ake Hammock Rd. | | | |
| CITY-ST-ZIP | NAPLES | FL 34113 | | CIT | Y-ST-ZIP | Na | aples, FL | | | İ | |
| TITLE | D | | ⊠ Delete | TŧT | LE | D | | | ☐ Chan | ge 💹 Addition | |
| NAME | | | | NA | ME | | llier, Wes | | | - | |
| STREET ADDRESS | | | | \$TI | REET ADDRESS | | | ake Hammock Rd. | | | |
| CITY-ST-ZIP | NAPLES | FL 34113 | | CIT | Y-ST-ZIP | Na Na | aples, FL | | | | |
| TITLE | DT | | ☐ Delete | ŦIJŦ | LE | | | | ☐ Chan | ge 🔲 Addition | |
| NAME HAINS, GEORGE | | | NA | ME | | | • | | ļ | | |
| STREET ADDRESS 5499 RATTLESNAKE HAMMOCK | | | ST | REET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NAPLES | | | Ct1 | TY-ST-ZIP | | | | | | |
| TITLE | SD | | ☐ Delete | TIT | LE | | | | ☐ Chan | ge Addition | |
| NAME | HABIG, \ | /EORA | | | ME | | | | | | |
| STREET ADDRESS | | TTLESNAKE HMK RD #B | -206 | ST | REET ADDRESS | ļ | | | | | |
| CITY-ST-ZIP | NAPLES | | | Ct. | TY-ST-ZIP | | | | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Culbertson 4-12-01 (94) 775-3314

Date Date Dayline Phone #