2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90056 017 ****61.25

DOCUMENT # 728254

1. Entity Name
COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Principal Place of Business	Mailing Address
C/O INTERGRATED PROP. MGT. 3435 10TH STREET, NORTH, SUITE 201 NAPLES, FL 33940 US	C/O INTEGRATED PROP. MGT. 3435 10TH STREET, NORTH, #201 NAPLES, FL 33940 US

03252005 Chg-NP CR2E037 (10/03)

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

4. FEI Number 59-1529413 ☐ 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
MELLON, JACK D. CPA 844 ANCHOR ROD DRIVE NAPLES, FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	D GUZINSKI, JOHN 5499 RATTLESNAKE HAMMCOK RD A108 NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CULBERTSON, JIM 5419 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REED, BILL 5467 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, MARY LOU 5467 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASIL, DONALD 5435 RATTLESNAKE HAMMOCK, #E204 NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HAINS, GEORGE 5499 RATTLESNAKE HAMMOCK NAPLES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WERNICK, ELLEN 5451 RATTLESNAKE HAMMOCK, #D301 NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HABIG, VEORA 5483 RATTLESNAKE HMK RD #B-206 NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-7-05 (239) 775-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #