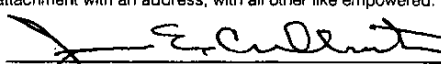


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 C/O INTEGRATED PROP. MGT. 3435 10TH STREET, NORTH, SUITE 201 NAPLES, FL 33940 US			Mailing Address C/O INTEGRATED PROP. MGT. 3435 10TH STREET, NORTH, #201 NAPLES, FL 33940 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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)					
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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GUZINSKI, JOHN		NAME		
STREET ADDRESS	5499 RATTLESNAKE HAMMOCK RD A108		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CULBERTSON, JIM		NAME		
STREET ADDRESS	5419 RATTLESNAKE HAMMOCK RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	VD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	REED, BILL		NAME		
STREET ADDRESS	5467 RATTLESNAKE HAMMOCK RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	ROSEN, MARY LOU		NAME	VASIL, DONALD	
STREET ADDRESS	5467 RATTLESNAKE HAMMOCK RD		STREET ADDRESS	5435 RATTLESNAKE HAMMOCK, #E204	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	DT ☒ Delete		TITLE	TD ☐ Change ☒ Addition	
NAME	HAINS, GEORGE		NAME	WERNICK, ELLEN	
STREET ADDRESS	5499 RATTLESNAKE HAMMOCK		STREET ADDRESS	5451 RATTLESNAKE HAMMOCK, #D301	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	SD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HABIG, VEORA		NAME		
STREET ADDRESS	5483 RATTLESNAKE HMK RD #B-206		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-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: 			4-7-05 (239) 775-3314		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		