


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90008 026 \*\*\*\*61.25

<b>DOCUMENT # 728254</b> 1. Entity Name COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NAPLES, INC.	
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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
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02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1529413	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SAMOUCÉ, ROBERT C 5405 PARK CENTRAL CT NAPLES, FL 34109
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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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUZINSKI, JOHN 5499 RATTLESNAKE HAMMOK RD A108 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULBERTSON, JIM 5419 RATTLESNAKE HAMMOCK RD NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETTIG, JOE RETTIG, JOE 5483 RATTLESNAKE HAMMOCK #8306 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WERNICK, ELLEN 5451 RATTLESNAKE HAMMOCK, #D301 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HABIG, VEORA 5483 RATTLESNAKE HMK RD #B-206 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

James E. Culbertson 3-6-08 339-774-4469