2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90124 039 ****61.25

DOCUMENT # 728254

1. Entity Name

COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NA PLES, 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

☐ CHECK HERE IF MAKING CHANGES

0052829

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

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 US	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. MELLON, JACK D. CPA 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 HAMMCOK 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	HILLIER, WES		NAME	Rosen, Mary Lou	
STREET ADDRESS	5438 RATTLESNAKE HAMMOCK RD		STREET ADDRESS	5467 Rattlesnake Hammock Rd	
CITY-ST-ZIP	NAPLES FL 34113		CITY-ST-ZIP	Naples, FL	
TITLE	DT99 RATTLESNAKE HAMMCOK RD A109	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAINS, GEORGE3		NAME		
STREET ADDRESS	5499 RATTLESNAKE HAMMOCK		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FLON, JIM		CITY-ST-ZIP		
TITLE	SD19 RATTLESNAKE HAMMOCK RD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HABIG, VEORA113		NAME		
STREET ADDRESS	5483 RATTLESNAKE HMK RD #B-206		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP		

CR2E037 (10/02)

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.

HILLIER, WES SIGNATURE JAMES E. CULBERTSON 3/31/03 239-775-3314