

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90123 008 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N06000001618</b>   |  |   |  |  |  |
| <b>1. Entity Name</b><br>COUNTRYSIDE COMMONS MASTER OWNER'S ASSOCIATION, INC.  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>6400 DAVIS BOULEVARD<br>NAPLES, FL 34112   |  |   | <b>Mailing Address</b><br>6400 DAVIS BOULEVARD<br>NAPLES, FL 34112   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |  | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| <b>City &amp; State</b>  |  | <b>City &amp; State</b>   |  | <b>4. FEI Number</b><br>26-0855894   |  |
| <b>Zip</b>   |  | <b>Country</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CAROLLO, THOMAS C<br>6400 DAVIS BOULEVARD<br>NAPLES, FL 34112  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| <b>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.</b>   |  |   |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | DP<br>CAROLLO, THOMAS C<br>6400 DAVIS BOULEVARD<br>NAPLES, FL 34112    | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | DV<br>BRANDWEIN, RICHARD E<br>6400 DAVIS BOULEVARD<br>NAPLES, FL 34112 | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | DST<br>CAROLLO, KAREN J<br>6400 DAVIS BOULEVARD<br>NAPLES, FL 34112    | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | _____<br>_____<br>_____<br>_____                                       | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | _____<br>_____<br>_____<br>_____                                       | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | _____<br>_____<br>_____<br>_____                                       | <input type="checkbox"/> Delete   |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | _____<br>_____<br>_____<br>_____                                       | <input type="checkbox"/> Delete   |  |  |  |
| <b>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 empowerments.</b> |  |   | <b>SIGNATURE:</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date: 7/10/07  |  |  |

ATTACHMENT  
66021839

**GARLICK, STETLER & PEEPLES LLP**  
ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FLORIDA 34108  
TELEPHONE: (239) 597-7088  
FACSIMILE (239) 597-6984  
WWW.GARLAW.COM  
E-MAIL: RSWIFT@GARLAW.COM

September 7, 2007

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Countryside Commons Master Owner's Association, Inc.  
Reference Number: N06000001618

Dear Sir or Madam:

Enclosed herewith please find the corrected Annual Report for the above-referenced non-profit corporation, together with a copy of your letter dated July 20, 2007. Please note we have obtained the Federal Employer Identification (FEI) Number and it appears in Block 4. As indicated by the enclosed letter, the Division of Corporations is holding \$61.25 to file this report.

Please do not hesitate to contact me should you have any questions or need additional information.

Very truly yours,



Richard J. Swift, Jr.

RJS/jpw  
Enclosures

cc: Mr. Thomas C. Carollo