

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18653

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: COUNTRYSIDE MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

600 COUNTRYSIDE DRIVE  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

600 COUNTRYSIDE DRIVE  
NAPLES, FL 34104 US

## New Mailing Address:

FEI Number: 59-2826101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VERDERBER, CLIFFORD  
600 COUNTRYSIDE DRIVE  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

COUNTRYSIDE GOLF & COUNTRY CLUB  
600 COUNTRYSIDE DRIVE  
NAPLES, FL 34104 US

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.

SIGNATURE: JEFF JACOB

03/25/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MARCIA, FEENEY  
Address: 224 COUNTRYSIDE DR  
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete  
Name: HETH, GENE  
Address: 422 COUNTRY HOLLOW CT. #E206  
City-St-Zip: NAPLES, FL 34104

Title: P ( ) Delete  
Name: KUDELSKI, RICHARD  
Address: 7220 COVENTRY CT #222  
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete  
Name: BROWN, DOUGLAS  
Address: 7300 GLENMOOR LN #1307  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARCIA, FEENEY  
Address: 224 COUNTRYSIDE DR  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: OLSON, MARY  
Address: 132 GRANVILLE CT  
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change ( ) Addition  
Name: FLEMING, RICHARD  
Address: 496 VERANDA WAY UNIT F201  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA FEENEY

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date