

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18655

FILED
Jan 03, 2006
Secretary of State

Entity Name: COUNTRYSIDE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

% NEWELL PROPERTY MANAGEMENT CORP.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

% NEWELL PROPERTY MANAGEMENT CORP.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0013346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STONECIPHER, HENRIETTA
Address: 7300 PROVINCE WAY #1303
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: SMITLEY, NANCY
Address: 7300 PROVINCE WAY #1106
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: JACOBSMA, ALFRED
Address: 7300 PROVINCE WAY, #1305
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITLEY, NANCY
Address: 7300 PROVINCE WAY #1106
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change () Addition
Name: HART, CAROLYN
Address: 7300 PROVINCE WAY #1104
City-St-Zip: NAPLES, FL 34104

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY SMITLEY

PD

01/03/2006

Electronic Signature of Signing Officer or Director

Date