

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18655

FILED  
Mar 17, 2008  
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: SMITLEY, NANCY  
Address: 7300 PROVINCE WAY #1106  
City-St-Zip: NAPLES, FL 34104

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

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

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

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: NANCY SMITLEY

PD

03/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date