

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20386

FILED
Jan 04, 2005
Secretary of State

Entity Name: COUNTRYSIDE CONDOMINIUM III 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: 59-2918443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD., #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: PTD () Delete
Name: CALVO, CHARLES
Address: 7340 PROVINCE WAY #3102
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: QUIETO, ANGELO
Address: 7340 PROVINCE WAY, #3303
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: KING, LARRY
Address: 7340 PROVINCE WAY #3203
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUIETO, ANGELO
Address: 7340 PROVINCE WAY #3303
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change () Addition
Name: WROBLE, BOB
Address: 7340 PROVINCE WAY #3307
City-St-Zip: NAPLES, FL 34104

Title: STD (X) Change () Addition
Name: CALVO, CHARLES
Address: 7340 PROVINCE WAY #3102
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELO QUIETO

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date