

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20387

FILED
Mar 24, 2008
Secretary of State

Entity Name: COUNTRYSIDE VERANDAS CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0007183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
3435 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: PD () Delete
Name: VICKERMAN, CHARLES
Address: 501 VERANDA WAY #G201
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: GERSCHKE, BOB
Address: 505 VERANDA WAY #F101
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: FRUEAN, ED
Address: 501 VERANDA WAY #G202
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: KRIGER, PAM
Address: 509 VERANDA WAY #E204
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: KUYERS, DAVID
Address: 510 VERANDA WAY #D206
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LAFEVRE, CHRIS
Address: 510 VERANDA WAY #D205
City-St-Zip: NAPLES, FL 34104

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

Title: SD (X) Change () Addition
Name: MUNROE, EDISON
Address: 509 VERANDA WAY #E205
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 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: CHARLES VICKERMAN

PD

03/24/2008

Electronic Signature of Signing Officer or Director

Date