

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 007 ****61.25

DOCUMENT # N21341

1. Entity Name

COUNTRY HAVEN CONDOMINIUM 1 ASSOCIATION, INC.



Principal Place of Business

4100 CORPORATE SQ.
STE 105 3940 Radio Rd #111
NAPLES FL 34104
US

Mailing Address

4100 CORPORATE SQ.
STE 105 3940 Radio Rd #111
NAPLES FL 34104
US

2. Principal Place of Business

3940 Radio Rd
Suite, Apt. #, etc.
#111

3. Mailing Address

3940 Radio Rd
Suite, Apt. #, etc.
#111

City & State

Naples, Fl.
Zip
34104 Country
USA

City & State

Naples, Fl.
Zip
34104 Country
USA

4. FEI Number

59-2874699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANCHOR ASSOCIATES
4100 CORPORATE SQ. STE. 105 3940 Radio Rd #111
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	GALLI, STEPHANIE	
STREET ADDRESS	7380 ST. IVES WAY, # 1305	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	EARL, SANDRA	
STREET ADDRESS	7380 ST. IVES WAY, # 1301	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLICKER, RUS	
STREET ADDRESS	7380 ST. IVES WAY, #1108	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE NICHOLSON	
STREET ADDRESS	7380 ST IVES WAY 1303	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rus Slicker* *Rus Slicker*

3/25/05

23F-352-8057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #