2006 NOT-FOR-PROFIT CORPORATION

May 08, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N21341 05-08-2006 90283 005 ****61.25 COUNTRY HAVEN CONDOMINIUM 1 ASSOCIATION, INC. Principal Place of Business Mailing Address 3940 RADIS ROAD #111 NAPLES FL 34104 3940 RADIS ROAD #111 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 3940 RADIO ROAD # 111 1st MOORE CR2E037 (10/05) 3940 RADIO City & State Applied For 4. FEI Number 59-2874699 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANCHOR ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) RADIO RD#111 3940 RADIS RD-#111-NAPLES FL 34104 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Due By May 1, 2006 Trust Furid Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE **⊠** Delete TITLE ☐ Change SOUDER JAMES NICHOLSON, GEORGE NAME NAME 7380 STIVES WAY # 1307 7380 ST. IVES WAY, # 1305 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP VPSD ☐ Change ☐ Addition TITLE □ Defete TITLE EARL, SANDRA NAME NAME 7380 ST. IVES WAY, # 1301 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE SLICKER, RUS NAME 7380 ST. IVES WAY, #1108 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP NAPLES FL 34104 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

4/24/06

FILED