

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22438

(8)

1. Corporation Name

COUNTRYSIDE HOMEOWNERS ASSOCIATION I, INC.

Principal Place of Business

Mailing Address

4800 ENTERPRISE AVE
STE A
NAPLES FL 33942
US

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STE A
NAPLES FL 33942
US

3. Date Incorporated or Qualified

09/10/1987

4. FEI Number

65-0012701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WRIGHT, RUSSELL
4800 ENTERPRISE AVE, STE A
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME GILLS, VIVIAN
STREET ADDRESS 514 COUNTRYSIDE DR.
CITY-ST-ZIP NAPLES FL

TITLE S ☒ DELETE
NAME GEE, RICHARD
STREET ADDRESS 562 COUNTRYSIDE D3
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE
NAME ANDERSON, BOB
STREET ADDRESS 513 COUNTRYSIDE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE
NAME EMERY, JAMES
STREET ADDRESS 474 COUNTRYSIDE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Joe Furrer, Pres. D ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 550 Countryside Drive
1.4 CITY-ST-ZIP Naples, FL 34104

2.1 TITLE D. Treswan ☐ Change ☒ Addition
2.2 NAME George Ball
2.3 STREET ADDRESS 565 Countryside Drive
2.4 CITY-ST-ZIP Naples, FL 34104

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D - Secretary ☐ Change ☒ Addition
5.2 NAME Tom Kiddle
5.3 STREET ADDRESS 622 Countryside Drive
5.4 CITY-ST-ZIP Naples, FL 34104

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joe Furrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-6-98

Daytime Phone #

434-0100

CR2E037 (5/98)

FILED
Jul 15 1998 8:00am
Secretary of State

