


FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90160 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # N22438 1. Corporation Name COUNTRYSIDE HOMEOWNERS ASSOCIATION I, INC.																																																																																																																																																					
Principal Place of Business 4600 ENTERPRISE AVE STE A NAPLES FL 33942 US			Mailing Address 4600 ENTERPRISE AVE STE A NAPLES FL 33942 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/10/1987 4. FEI Number 65-0012701 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent WRIGHT, RUSSELL 4600 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FURRIER, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>550 COUNTRYSIDE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34104</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BALL, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>565 COUNTRYSIDE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34104</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ANDERSON, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>513 COUNTRYSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>EMERY, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>474 COUNTRYSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KIDDLE, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>522 COUNTRYSIDE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34104</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> DELETE	NAME	FURRIER, JOE		STREET ADDRESS	550 COUNTRYSIDE DR		CITY-ST-ZIP	NAPLES FL 34104		TITLE	DT	<input type="checkbox"/> DELETE	NAME	BALL, GEORGE		STREET ADDRESS	565 COUNTRYSIDE DR		CITY-ST-ZIP	NAPLES FL 34104		TITLE	TD	<input type="checkbox"/> DELETE	NAME	ANDERSON, BOB		STREET ADDRESS	513 COUNTRYSIDE DRIVE		CITY-ST-ZIP	NAPLES FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	EMERY, JAMES		STREET ADDRESS	474 COUNTRYSIDE DRIVE		CITY-ST-ZIP	NAPLES FL		TITLE	DS	<input type="checkbox"/> DELETE	NAME	KIDDLE, TOM		STREET ADDRESS	522 COUNTRYSIDE DR		CITY-ST-ZIP	NAPLES FL 34104		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>JOE</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	JOE		1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom Kiddle 3-22-99 434-6100
Tom Kiddle - Tom Kiddle

CR2E037-11/98