

2001 UNIFORM BUSINESS REPORT (UBR)

4/9/

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-09-2001 90019 010 ****61.25

DOCUMENT # N22438

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0012701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, RUSSELL
4600 ENTERPRISE AVE, STE A
NAPLES FL 34104

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ PD
NAME FURRIER, JOE
STREET ADDRESS 550 COUNTRYSIDE DR
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE ☐ Vice President/D
NAME John Burmaster
STREET ADDRESS 562 Countryside Dr.
CITY-ST-ZIP NAPLES, FL 34104 ☐ Change ☒ Addition

TITLE ☐ DT
NAME BALL, GEORGE
STREET ADDRESS 565 COUNTRYSIDE DR
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE ☒ Treasurer
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE ☐ Officer at Large/D
NAME Roseanne Brandon
STREET ADDRESS 542 Countryside Dr.
CITY-ST-ZIP Naples, FL 34104 ☐ Change ☒ Addition

TITLE ☐ DS
NAME KIDDLE, TOM
STREET ADDRESS 522 COUNTRYSIDE DR
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE ☒ Secretary
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

434-0100

Date

Daytime Phone #

CR2E037 (10/00)