

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90159 020 ****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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Bayview Property mgmt.

Suite, Apt. #, etc.

4600 Enterprise Ave. Ste A

City & State

Naples, FL

Zip
34104

Country
US

3. Mailing Address

Bayview Property mgmt.

Suite, Apt. #, etc.

4600 Enterprise Ave. Ste A

City & State

Naples, FL

Zip
34104

Country
US

4. FEI Number

65-0012701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, RUSSELL
4600 ENTERPRISE AVE, STE A
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.

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

TITLE **VPD** ☒ Delete
NAME **BURMASTER, JOHN**
STREET ADDRESS **562 COUNTRYSIDE DR**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **OLD** ☒ Delete
NAME **BRANDON, ROSEANNE**
STREET ADDRESS **542 COUNTRYSIDE DR**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition
NAME **Brandon, Roseanne**
STREET ADDRESS **542 Countryside Drive**
CITY-ST-ZIP **Naples, FL 34104**

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

TITLE **OLD** ☒ Change ☐ Addition
NAME **Currier, Joe**
STREET ADDRESS **550 Countryside Drive**
CITY-ST-ZIP **Naples, FL 34104**

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

TITLE ☐ Change ☒ Addition
NAME **PD Burmaster, John**
STREET ADDRESS **562 Countryside Drive**
CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-02

Date

434-6100

Daytime Phone #

CR2E037 (9/01)