

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 042 ****61.25

DOCUMENT # N22438

1. Entity Name

COUNTRYSIDE HOMEOWNERS ASSOCIATION I, INC.



Principal Place of Business

BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE STE A
NAPLES FL 34104
US

Mailing Address

BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE STE A
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRANDON, ROSEANNE 542 COUNTRYSIDE DRIVE NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ECKSTROM, WILLIAM 558 COUNTRYSIDE DR. #C37 NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OALD SHUSTER, MARTHA 605 COUNTRY WALK CT. #C52 NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KIDDLE, TOM 522 COUNTRYSIDE DR NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURMASTER, JOHN 562 COUNTRYSIDE DRIVE NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DARCY, MURA 530 COUNTRYSIDE R. #D11 NAPLES FL 34104	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Shuster, Martha 530 Countryside Drive Naples, FL. 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Kiddle, Tom 522 countryside Drive Naples, FL. 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ciccione, Allan 537 countryside Drive Naples, FL. 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Allan Ciccione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

239-434-6100

Date

Daytime Phone #