


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0012701	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DV SHUSTER, MARTHA 530 COUNTRYSIDE DRIVE NAPLES FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIDDLE, TOM 522 COUNTRYSIDE DR NAPLES FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICCONI, ALLAN 537 COUNTRYSIDE DRIVE NAPLES FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ <i>acting Secretary</i> 4-306 434-6100					



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0012701**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**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, 2006**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANDON, ROSEANNE	
STREET ADDRESS	542 COUNTRYSIDE DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ECKSTROM, WILLIAM	
STREET ADDRESS	558 COUNTRYSIDE DR. #C37	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHUSTER, MARTHA	
STREET ADDRESS	530 COUNTRYSIDE DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIDDLE, TOM	
STREET ADDRESS	522 COUNTRYSIDE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	CICCONI, ALLAN	
STREET ADDRESS	537 COUNTRYSIDE DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone