

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22438

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** COUNTRYSIDE HOMEOWNERS ASSOCIATION I, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0012701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWELL, WILLIAM A  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KIDDLE, TOM  
Address: 522 COUNTRYSIDE DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: SHUSTER, MARTHA  
Address: 530 COUNTRYSIDE DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete  
Name: FURRIER, JOE  
Address: 550 COUNTRYSIDE DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete  
Name: ECKSTROM, WILLIAM  
Address: 558 COUNTRYSIDE DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: CICCONI, ALLAN  
Address: 537 COUNTRYSIDE DRIVE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM KIDDLE

PD

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date