

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

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N23025</b> 1. Entity Name COUNTRYSIDE HOMEOWNERS ASSOCIATION II, INC.					
Principal Place of Business 600 COUNTRYSIDE DRIVE NAPLES FL 34104				Mailing Address PO BOX 8303 NAPLES FL 34101	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHERMAN, MARLENE 422 COUNTRYSIDE DR. NAPLES FL 34104				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 <u>Marlene Sherman</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE</div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD LAND, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	201 COUNTRYSIDE DRIVE		NAME		
STREET ADDRESS	NAPLES FL 34104		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VD LOYET, RUSSELL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	406 COUNTRYSIDE DRIVE		NAME		
STREET ADDRESS	NAPLES FL 34104		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	SD SHERMAN, MARLENE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	422 COUNTRYSIDE DRIVE		NAME		
STREET ADDRESS	NAPLES FL 34104		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	TD JOHNSON, NORMAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	449 COUNTRYSIDE DRIVE		NAME		
STREET ADDRESS	NAPLES FL 34104		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D RESCIGNO, NOBLE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	265 COUNTRYSIDE DRIVE		NAME		
STREET ADDRESS	NAPLES FL 34104		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Marlene Sherman</u> <span style="float: right;">MARLENE SHERMAN Secretary HOA II Registered Agent (239) 352-9876</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>					



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0053058** Applied For  
Not Applicable

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

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03/26/05-80037-006 61.25