

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23504

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: COUNTRY HAVEN CONDOMINIUM 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0027729      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: HICKS, CARL  
Address: 7360 ST IVES WAY, #2201  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: MCMINN, SUSAN  
Address: 7360 ST IVES WAY #2102  
City-St-Zip: NAPLES, FL 34104

Title: STD ( ) Delete  
Name: ENGELS, BARBARA  
Address: 7360 ST IVES WAY #2206  
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL HICKS

PD

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date