

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23508

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: COUNTRYSIDE VERANDAS THREE ASSOCIATION, INC.

## Current Principal Place of Business:

C/O INTERGRATED PROP. MGMT  
3435-10TH STREET NORTH #201  
NAPLES, FL 34103

## New Principal Place of Business:

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

## Current Mailing Address:

C/O INTERGRATED PROP. MGMT  
3435-10TH STREET NORTH #201  
NAPLES, FL 34103

## New Mailing Address:

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

FEI Number: 65-0039361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C  
5405 PRK CTRL CRT  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

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

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: WILLIAM A NEWELL AGENT

03/08/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HELPIN, DONNA  
Address: 487 VERANDA WAY, C-201  
City-St-Zip: NAPLES, FL 34104

Title: STD ( ) Delete  
Name: ABBOTT, RUSSELL  
Address: 495 VERANDA WAY, A-205  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: GASPER, THOMAS  
Address: 487 VERANDA WAY, C-204  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: ABBOTT, RUSSELL  
Address: 495 VERANDA WAY, A-205  
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change ( ) Addition  
Name: GASPER, THOMAS  
Address: 487 VERANDA WAY, C-204  
City-St-Zip: NAPLES, FL 34104

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: DONNA HELPIN

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date