

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 02, 2008
Secretary of State**

DOCUMENT# N23508

Entity Name: COUNTRYSIDE VERANDAS THREE ASSOCIATION, INC.

Current Principal Place of Business:C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109**New Principal Place of Business:**C/O PARAMOUNT PROPERTY MANAGEMENT OF NAPLE
495 19TH STREET SW
NAPLES, FL 34117**Current Mailing Address:**C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109**New Mailing Address:**C/O PARAMOUNT PROPERTY MANAGEMENT OF NAPLE
495 19TH STREET SW
NAPLES, FL 34117

FEI Number: 65-0010499

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:**LABUZIENSKI, CHRISTINE A
495 19TH STREET SW
NAPLES, FL 34117 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: CHRISTINE LABUZIENSKI

06/02/2008

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 34104Title: SD () Delete
Name: ABBOTT, RUSSELL
Address: 495 VERANDA WAY, A-205
City-St-Zip: NAPLES, FL 34104Title: VD () Delete
Name: GASPER, THOMAS
Address: 487 VERANDA WAY, C-204
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 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: CHRISTINE LABUZIENSKI

RA

06/02/2008

Electronic Signature of Signing Officer or Director

Date