2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N23508

Entity Name: COUNTRYSIDE VERANDAS THREE ASSOCIATION, INC.

Current Principal Place of Business:

C/O PARAMOUNT PROPERTY MANAGEMENT OF NAPLE
495 19TH STREET SW
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

C/O PARAMOUNT PROPERTY MANAGEMENT OF NAPLE
495 19TH STREET SW
NAPLES, FL 34117

New Mailing Address:

FEI Number: 65-0010499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABUZIENSKI, CHRISTINE A
495 19TH STREET SW
NAPLES, FL 34117 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: HELPIN, DONNA
Address: 487 VERANDA WAY, C-201
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) 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 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 02/05/2009

Electronic Signature of Signing Officer or Director Date