

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24597

FILED
Mar 08, 2007
Secretary of State

Entity Name: COUNTRY MANOR CONDOMINIUM ONE ASSOCIATION, INC.

Current Principal Place of Business:

% NEWELL PROPERTY MGMT.
5435 JAEGER RD., #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

% NEWELL PROPERTY MGMT.
5435 JAEGER RD., #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0070297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD., #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: SHELPMAN, GERALD
Address: 7200 COVENTRY COURT #126
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: SULLO, VINCE
Address: 7200 COVENTRY COURT #103
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD () Change (X) Addition
Name: SULLO, VINCE
Address: 7200 COVENTRY COURT #103
City-St-Zip: NAPLES, FL 34104

Title: STD () Change (X) Addition
Name: CALVO, DENNIS
Address: 7200 COVENTRY COURT #102
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: GERALD SHELPMAN

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date