

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24597

FILED  
Feb 01, 2011  
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  
Name: FENNESSEY, BERNARD  
Address: 7200 COVENTRY COURT #119  
City-St-Zip: NAPLES, FL 34104

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

Title: SD  
Name: REED, WARREN  
Address: 7200 COVENTRY COURT #122  
City-St-Zip: NAPLES, FL 34104

Title: TD  
Name: KOHLBECK, FRANK  
Address: 7200 COVENTRY COURT #115  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: STOTT, GORDON  
Address: 7200 COVENTRY COURT #110  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

**SIGNATURE:** BERNARD FENNESSEY

PD

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date