FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90273 038 ****61.25

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DOCUMENT # **N24600**

1. Corporation Name

COUNTRY MANOR COMMONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% R & P MANAGEMENT ASSOCIATES. INC 265 AIRPORT ROAD. SOUTH NAPLES FL ~~33942~~	% R & P MANAGEMENT ASSOCIATES. INC 265 AIRPORT ROAD. SOUTH NAPLES FL ~~33942~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/01/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0070295 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34104 Country 25	Zip 29 34104 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
R & P MANAGEMENT ASSOCIATES 265 AIRPORT ROAD NAPLES FL ~~33942~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code 34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE D Jean Cameron 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	VOGELSBERG, DON		1.2 NAME	William Eckstrom	
STREET ADDRESS	7220 COVENTRY CT #223		1.3 STREET ADDRESS	7280 Coventry CT	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples Fl 34104	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	PRICE, RALPH		2.2 NAME	Robert Jackson	
STREET ADDRESS	7340 COVETRY CT #830		2.3 STREET ADDRESS	7340 Coventry CT	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples Fl 34104	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CROWE, GEORGE		3.2 NAME	George Crowe	
STREET ADDRESS	7320 COVENTRY CT #710		3.3 STREET ADDRESS	7320 Coventry CT	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples Fl 34104	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BECK, EDWARD		4.2 NAME		
STREET ADDRESS	7240 COVENTRY CT #330		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT MORROW		5.2 NAME		
STREET ADDRESS	7300 COVENTRY CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PFAFF, EUGENE		6.2 NAME		
STREET ADDRESS	7260 COVENTRY CT #420		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Jackson SIGNATURE REQUIRED Robert Jackson 4/19/99 941-643-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)