

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90018 030 ****61.25

DOCUMENT # N24600

1. Entity Name

COUNTRY MANOR COMMONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% R & P MANAGEMENT ASSOCIATES, INC
265 AIRPORT ROAD, SOUTH
NAPLES FL 34104

% R & P MANAGEMENT ASSOCIATES, INC
265 AIRPORT ROAD, SOUTH
NAPLES FL 34104-3518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0070295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R & P MANAGEMENT ASSOCIATES
265 AIRPORT ROAD
NAPLES FL 33942

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
DP	ECKSTROM, WILLIAM	7280 COUNTRY CT	NAPLES FL 34104	☐					☐	☐
TD	JACKSON, ROBERT	7340 COUNTRY CT	NAPLES FL 34104	☐					☐	☐
D	CROWE, GEORGE	7320 COUNTRY CT	NAPLES FL 34104	☐					☐	☐
SD	BECK, EDWARD	7240 COVENTRY CT #330	NAPLES FL	☐					☐	☐
D	ROBERT MORROW	7300 COVENTRY CT	NAPLES FL	☐					☐	☐
D	PFAFF, EUGENE	7260 COVENTRY CT #420	NAPLES FL	☐					☐	☐

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM ECKSTROM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)