

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24973

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: COUNTRYSIDE VERANDAS FOUR ASSOCIATION, INC.

## Current Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT  
3435 10 STREET NORTH SUITE 201  
NAPLES, FL 34103 US

## New Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

## Current Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT  
3435 10 STREET NORTH SUITE 201  
NAPLES, FL 34103 US

## New Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

FEI Number: 65-0027296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C  
5405 PARK CENTRAL CRT  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

NEWELL, WILLIAM A  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

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: WILLIAM A NEWELL AGENT

03/08/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARON, JOSEPH,  
Address: 496 VERANDA WAY, F-206  
City-St-Zip: NAPLES, FL

Title: STD ( ) Delete  
Name: MALLEY, MARILYN J,  
Address: 492 VERANDA WAY E106  
City-St-Zip: NAPLES, FL

Title: VPD ( ) Delete  
Name: WALTER, LEON,  
Address: 496 VERANDA WAY, F-104  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARON, JOSEPH  
Address: 496 VERANDA WAY, F-206  
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change ( ) Addition  
Name: MALLEY, MARILYN  
Address: 492 VERANDA WAY E106  
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change ( ) Addition  
Name: WALTER, LEON,  
Address: 496 VERANDA WAY, F-104  
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: JOSEPH CARON

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date