

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25398

FILED
Mar 10, 2008
Secretary of State

Entity Name: COUNTRY HAVEN CONDOMINIUM 4 ASSOCIATION, INC.

Current Principal Place of Business:

C/O R & P MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0070296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 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: TSD () Delete
Name: ROMANO, JOAN
Address: 7320 ST IVES WY #4306
City-St-Zip: NAPLES, FL 34004

Title: VPD () Delete
Name: DUNLAP, CHARLES
Address: 173 ST JAMES WAY
City-St-Zip: NAPLES, FL 34104

Title: PD () Delete
Name: MAZZUCCO, CHARLES JR
Address: 7320 ST. IVES WAY #4307
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: O'DONNELL, JOHN
Address: 7300 ST. IVES WAY #5307
City-St-Zip: NAPLES, FL 34004

Title: PD (X) Change () Addition
Name: BAXTER, JOHN
Address: 7300 ST IVES WAY #5308
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change () Addition
Name: LYNCH, DAVE
Address: 7300 ST IVES WAY #5304
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: JOHN BAXTER

PD

03/10/2008

Electronic Signature of Signing Officer or Director

Date