2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# N26248

Entity Name: COUNTRY HAVEN CONDOMINIUM 5 ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0125291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&P MANAGEMENT ASSOCIATES
265 AIRPORT ROAD SO.
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: PTD ( ) Delete
Name: BAXTER, JOHN
Address: 9 MAPLEWOOD ORCHARD DR
City-St-Zip: GREENVILLE, RI 02828

Title: TD ( ) Delete
Name: O'DONNELL, JOHN
Address: 7300 ST. IVES WAY #5307
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete
Name: SCHMID, ROBERTA
Address: 7300 ST. IVES WAY
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: O'DONNELL, JOHN
Address: 7300 ST. IVES WAY #5307
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Change ( ) Addition
Name: LYNCH, DAVE
Address: 7300 ST. IVES WAY
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