2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N29221

Entity Name: COUNTRY HOLLOW COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

% NEWEL PROPERTY MANAGEMENT CORP.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

% NEWEL PROPERTY MANAGEMENT CORP.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0083511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD, #4
NAPLES, FL 34109 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:	PD	( ) Delete
Name:	LANE, JACK	
Address:	445 COUNTRY HOLLOW CT #B106	
City-St-Zip:	NAPLES, FL 34104	
Title:	VD	( ) Delete
Name:	BACHMANN, JOHN	
Address:	470 COUNTRY HOLLOW CT #I201	
City-St-Zip:	NAPLES, FL 34104	
Title:	STD	( ) Delete
Name:	MCASLAN, ALEX	
Address:	421 COUNTRY HOLLOW COURT #D103	
City-St-Zip:	NAPLES, FL 34104	
Title:	D	(X) Delete
Name:	HUSER, JOHN	
Address:	446 COUNTRY HOLLOW CT #G101	
City-St-Zip:	NAPLES, FL 34104	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JACK LANE PD 01/19/2009

Electronic Signature of Signing Officer or Director — Date