

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29727

FILED
Jan 06, 2005
Secretary of State

Entity Name: COUNTRY MANOR CONDOMINIUM FOUR ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0125290

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: CLARKSON, WILLIAM
Address: 7260 COVENTRY CT #421
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: BURNS, EDWARD
Address: 7260 COVENTRY CT #401
City-St-Zip: NAPLES, FL 34104

Title: STD () Delete
Name: CRONIN, JOHN
Address: 7260 COVENTRY CT #427
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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM CLARKSON

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date