

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90138 020 \*\*\*\*61.25

**DOCUMENT # N29727**

1. Entity Name

**COUNTRY MANOR CONDOMINIUM FOUR ASSOCIATION, INC.**



Principal Place of Business

~~C/O R & P MANAGEMENT~~  
~~265 SOUTH AIRPORT ROAD~~  
~~NAPLES FL 34104~~

Mailing Address

~~C/O R & P MANAGEMENT~~  
~~265 SOUTH AIRPORT ROAD~~  
~~NAPLES FL 34104~~

Principal Place of Business

Site, Apt. #, etc.

City & State

Zip

Country

34109 USA

Mailing Address

Site, Apt. #, etc.

City & State

Zip

Country

34109 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0125290**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~R & P MANAGEMENT ASSOCIATES~~  
~~265 AIRPORT RD SOUTH~~  
~~NAPLES FL 33942~~

7. Name and Address of New Registered Agent

**Newell, William**  
**5435 Jaeger Rd #4**  
**Naples FL 34109**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ~~VO~~  
NAME ~~BURNS, EDWARD~~  
STREET ADDRESS ~~7260 COVENTRY CT. #401~~  
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE ~~ED~~  
NAME ~~CLARKSON, WILLIAM~~  
STREET ADDRESS ~~7260 COUNTRY CT~~  
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE ~~STD~~  
NAME ~~ALITTO, RON~~  
STREET ADDRESS ~~7260 COVENTRY CT. #415~~  
CITY-ST-ZIP ~~NAPLES FL~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~  
NAME ~~Clarkson, William~~  
STREET ADDRESS ~~7260 COVENTRY CT #421~~  
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE ~~ED~~  
NAME ~~BURNS, Ed~~  
STREET ADDRESS ~~7260 COVENTRY CT #401~~  
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE ~~STD~~  
NAME ~~Cronin, John~~  
STREET ADDRESS ~~7260 COVENTRY CT #427~~  
CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/23/03 239-514-1199**

CR2E037 (4/03)