# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2006**
**Secretary of State**

DOCUMENT# N31674

**Entity Name:** COUNTRY MANOR CONDOMINIUM SIX ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 65-0125623** **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: GREIF, ARNON
Address: 7300 COVENTRY CT # 623
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: RUBIN, JUDAH
Address: 7300 COVENTRY COURT #627
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete
Name: MORROW, R.D.
Address: 7300 COVENTRY CT # 625
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: NOURSE, ALBERT
Address: 7300 COVENTRY COURT #614
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete
Name: SICILIANO, SAL
Address: 7300 COVENTRY CT # 613
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: STD (X) Change ( ) Addition
Name: TAMAGNA, JOHN
Address: 7300 COVENTRY COURT #630
City-St-Zip: NAPLES, FL 34104

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 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: ARNON GREIF PD 01/04/2006
Electronic Signature of Signing Officer or Director — Date