

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 08, 2007  
Secretary of State**

DOCUMENT# N31674

Entity Name: COUNTRY MANOR CONDOMINIUM SIX ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

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

FEI Number: 65-0125623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NEWELL, WILLIAM  
5435 JAEGER RD #4  
NAPLES, FL 34109      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GREIF, ARNON  
Address: 7300 COVENTRY CT # 623  
City-St-Zip: NAPLES, FL 34104

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

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

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

Title: STD ( ) Delete  
Name: TAMAGNA, JOHN  
Address: 7300 COVENTRY COURT #630  
City-St-Zip: NAPLES, FL 34104

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HULCE, LARRY  
Address: 7300 COVENTRY COURT #611  
City-St-Zip: NAPLES, FL 34104

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

03/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date