

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33626

FILED
Mar 05, 2007
Secretary of State

Entity Name: COUNTRY HOLLOW THREE ASSOCIATION, INC.

Current Principal Place of Business:

5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0136898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #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: BACHMANN, JOHN
Address: 470 COUNTRY HOLLOW CT #I201
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: SHENK, LOU
Address: 458 COUNTRY HOLLOW CT #H102
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: INGOLD, ROBERT
Address: 446 COUNTRY HOLLOW CT #G106
City-St-Zip: NAPLES, FL 34104

Title: STD () Delete
Name: LULJACK, VAL
Address: 458 COUNTRY HOLLOW COURT #H106
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: MAUTINO, PATRICIA
Address: 446 COUNTRY HOLLOW COURT #G206
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: D (X) Change () Addition
Name: HUSER, JOHN
Address: 446 COUNTRY HOLLOW COURT #G101
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change () Addition
Name: MAUTINO, PATRICIA
Address: 446 COUNTRY HOLLOW COURT #G206
City-St-Zip: NAPLES, FL 34104

Title: STD (X) Change () Addition
Name: WAELDE, DAVID
Address: 470 COUNTRY HOLLOW COURT #I204
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: JOHN BACHMANN

PD

03/05/2007

Electronic Signature of Signing Officer or Director

Date