## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34937

FILED Apr 10, 2007 Secretary of State

Entity Nar	ne: COUNTF	RY GLEN THREE CONDOMIN	VIUM ASS	OCIATION, INC.		
Current Principal Place of Business:				New Principal Place of Business:		
BAYVIEW PROPERTY MGMT. 4600 ENTERPRISE AVE, STE A NAPLES, FL 34104 US				BAYVIEW PROPERTY MGMT. 500 LOGAN BLVD SOUTH NAPLES, FL 34119 US		
Current Mailing Address:				New Mailing Address:		
BAYVIEW PROPERTY MGMT. 4600 ENTERPRISE AVE, STE A NAPLES, FL 34104 US			BAYVIEW PROPERTY MGMT. 500 LOGAN BLVD SOUTH NAPLES, FL 34119 US			
FEI Number:	65-0150327	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WRIGHT, RUSSELL 4600 ENTERPRISE AVE, STE A NAPLES, FL 34104 US				WRIGHT, RUSSELL 500 LOGAN BLVD SOUTH NAPLES, FL 34119 US		
	named entity : e of Florida.	submits this statement for the	purpose c	of changing its registere	d office or registered agent, or both,	
SIGNATURE: RUSSELL WRIGHT					04/10/2007	
	Electror	nic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LEMBO, MIKE	) Delete OR LANE #3201 4104		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ( DEULA CAMER 7300 GLENOO NAPLES, FL 3	R LANE #3101		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD ( PIERZCHALA, 7300 GLENOO NAPLES, FL 3	R LANE #3209		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MIKE LEMBO PD 04/10/2007