FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40601** **(9)**

1. Corporation Name

COUNTRY GLEN FOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2272 AIRPORT RD. STE. #309 NAPLES FL 33962 US	2272 AIRPORT RD. STE. #309 NAPLES FL 33962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 07/21/1994
4. FEI Number: 65-0214621 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4600 Enterprise Ave.	26 4600 Enterprise Ave.
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Naples, FL 33942	City & State 28 Naples
Zip / Country 24 33942 / 25 USA	Zip / Country 29 33942 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, RUSSELL
2272 AIRPORT RD.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SNOW, ROY	12 NAME	
STREET ADDRESS	7360 GLENMOOR LANE #4305	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VT ☐ Change ☒ Addition
NAME	CHARNESKI, JAMES	22 NAME	Wetterland, Phil
STREET ADDRESS	7630 GLENMOOR LANE #4209	23 STREET ADDRESS	7360 Glenmoor Lane 4102
CITY-ST-ZIP	NAPLES FL 33942	24 CITY-ST-ZIP	Naples, FL 33942
TITLE	SD	31 TITLE	SD ☐ Change ☒ Addition
NAME	LORENTI, AL	32 NAME	Provost, Bill
STREET ADDRESS	7360 GLENMOOR LANE #4104	33 STREET ADDRESS	7360 Glenmoor Lane 4205
CITY-ST-ZIP	NAPLES FL 33942	34 CITY-ST-ZIP	Naples, FL 33942
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Russell J. Wright** **Rawlow Property Management Corp.** 4/7/95 793-4044
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR, OFFICER OR DIRECTOR Date Telephone #

0017489