2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # N40601** 1. Entity Name COUNTRY GLEN FOUR CONDOMINIUM ASSOCIATION, INC. 04-09-2001 90019 009 ****61.25 Principal Place of Business Mailing Address 4600 ENTERPRISE AVE 4600 ENTERPRISE AVE 524292 SUITE A SUITE A NAPLES FL 33942 NAPLES FL 33942 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0214621 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WRIGHT, RUSSELL J 4600 ENTERPRISE AVE, STE A NAPLES FL 34104 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. de TITLE PD TITLE ☐ Change Addition ☐ Delete NAME DINNIE, GEORGE NAME STREET ADDRESS 7360 GLENMOOR LANE 4108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL OK **VPD** ☐ Change Addition TITLE ☐ Delete TITLE WETTERLAND, PHIL NAME NAME STREET ADDRESS STREET ADDRESS 7360 GLENMOOR LANE #4102 CITY-ST-ZIP. CITY-ST-ZIP NAPLES FL di STD ☐ Change TITLE Delete TITLE ☐ Addition PROVOST, BILL NAME NAME STREET ADDRESS 7360 GLENMOOR LANE #4205 STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP NAPLES FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

434-0100

Daytime Phone #