## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2005 8:00 am Secretary of State DOCUMENT # N40601 1. Entity Name 05-03-2005 90107 009 \*\*\*\*61.25 COUNTRY GLEN FOUR CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address **BAYVIEW PROPERTY MGMT BAYVIEW PROPERTY MGMT** 4600 ENTERPRISE AVE STE A 4600 ENTERPRISE AVE STE A NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 65-0214621 Not Applicable Ζīρ 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 WRIGHT, RUSSELL J Street Address (P.O. Box Number is Not Acceptable) 4600 ENTERPRISE AVE, STE A NAPLES FL 34104 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Addition TITLE TITLE Change DINNIE, GEORGE mieller, mel NAME NAME 7360 GLENMOOR LANE 4108 STREET ADDRESS STREET ADDRESS 7360 GIERMOOL LOVE #4107 NAPLES FL CITY-ST-7/P CITY-ST-7IP Naples, Fl. 34104 VPD Addition TITLE ☐ Delete TITLE Change SCHMIDT, FRED NAME NAME 7300 GLENOOR LANE #4304 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-7/P CITY-SI-ZIP STD Delete TITLE TITLE ☐ Change Addition Newland, Arthur PROVOST, WILLIAH NAME NAME 7360 Grenmoor Lime # 4307 7360 GLENMOOR LANE #4205 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP Naples, FL. 34104 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME McCallum, John STREET ADDRESS STREET ADDRESS 7360 Grenmoor Lane #4202 CITY-ST-ZIP CITY-ST-ZIP Paples, Pl. 34104 TITLE X Addition ☐ Delete Change casaciang, Pedro NAME NAME 7360 Glenmaziane #4300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ples, FL. TIFLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receivement 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.

CITY-ST-7IP

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

**FILED** 

239-434-6100