

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22438

Entity Name: COUNTRYSIDE HOMEOWNERS ASSOCIATION I, INC.**Current Principal Place of Business:**PARAMOUNT PROPERTY MANAGEMENT OF NAPLES
15275 COLLIER BLVD #201-278
NAPLES, FL 34119**Current Mailing Address:**PARAMOUNT PROPERTY MANAGEMENT OF NAPLES
15275 COLLIER BLVD #201-278
NAPLES, FL 34119 US**FEI Number:** 65-0012701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARAMOUNT PROPERTY MANAGEMENT OF NAPLES
PARAMOUNT PROPERTY MANAGEMENT OF NAPLES
15275 COLLIER BLVD #201-278
NAPLES, FL 34119 US*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:** CHRISTINE LABUZIENSKI

04/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	LAUKASTIS, PAUL
Address	561 COUNTRYSIDE DRIVE
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	HOFSTETTER, ARTHUR
Address	513 CIUNTRYSIDE DRIVE
City-State-Zip:	NAPLES FL 34104

Title	PRESIDENT
Name	KIDDLE, THOMAS J
Address	522 COUNTRYSIDE DRIVE
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY, TREASURER
Name	BLOMSETH, CLAYTON
Address	597 COUNTRY WALK COURT
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	ZICCARELLI, ROSA
Address	506 COUNTRYSIDE DRIVE
City-State-Zip:	NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: THOMAS KIDDLE

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date