

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24600

Entity Name: COUNTRY MANOR COMMONS ASSOCIATION, INC.**Current Principal Place of Business:**5435 JAEGER ROAD #4
NAPLES, FL 34109**Current Mailing Address:**C/O NEWELL PROPERTY MANAGEMENT CORPORATION
5435 JAEGER ROAD #4
NAPLES, FL 34109 US**FEI Number:** 65-0070295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWELL PROPERTY MANAGEMENT CORPORATION
5435 JAEGER RD #4
NAPLES, FL 34109 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:** ANTONIOS KOKKINOS

04/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KELLY, ROBERT
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title VP
Name GREENWOOD, GEORGE
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name KUNOW, KATHY
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name BIAGETTI, CATHY
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name BERGMAN, BOB
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name NICCOLAI, JANET
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name HAMILTON, ROBERT
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name BLOCKLINGER, KAREN
Address 5435 JAEGER ROAD #4
City-State-Zip: NAPLES FL 34109

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: ROBERT KELLY

PRESIDENT

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date