

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 1995 9:21

DOCUMENT # **768313** (9)
1. Corporation Name
COUNTRY LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
P O BOX 1662 WINTER GARDEN FL 34777 P O BOX 1662 WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/06/1983 | 3a. Date of Last Report 07/06/1994 |
| 4. FEI Number 59-2699961 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under §. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 29 | Zip 30 |

9. Name and Address of Current Registered Agent
**GIRVIN, J. STEVEN
800 S. DILLARD ST.
WINTER GARDEN FL 32787**

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 reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE PD | MUNSON, GEORGE 14028 LAKE TILDEN BLVD WINTER GARDEN FL |
| TITLE DS | YONIS, GERRY 14137 LAKE TILDEN BLVD WINTER GARDEN FL |
| TITLE TD | THEISS, KARL 14229 COUNTRY ESTATES DR WINTER GARDEN FL |
| TITLE VD | PADGETT, RICHARD 14265 COUNTRY ESTATE DRIVE WINTER GARDEN FL |
| TITLE D | COLEMAN, JENNIFER 14289 COUNTRY ESTATE DRIVE WINTER GARDEN FL |
| TITLE D | BUNAGAN, KATHLEEN 14263 COUNTRY ESTATE DR WINTER GARDEN FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE SD | DAVID, PAULINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME 14138 LAKE TILDEN BLVD. | 14 CITY - ST - ZIP WINTER GARDEN, FL |
| 21 TITLE TD | DEASE, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME 1125 CROSS COUNTRY Rd. | 23 STREET ADDRESS 24 CITY - ST - ZIP WINTER GARDEN, FL |
| 31 TITLE D | GIL, SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME 14126 LAKE TILDEN BLVD | 33 STREET ADDRESS 34 CITY - ST - ZIP WINTER GARDEN, FL |
| 41 TITLE D | VENABLE BETH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME 14129 COUNTRY ESTATE DR. | 43 STREET ADDRESS 44 CITY - ST - ZIP WINTER GARDEN, FL |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 110.07(3)(b), 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: *John L. Dease* John L. Dease 06/06/95 407-297-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #