

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # ~~768060~~ ~~(6)~~
1. Corporation Name
COUNTRY LAKES COMMUNITY ASSOCIATION, INC
~~768060~~ 768313

Principal Place of Business Mailing Address
P.O. Box 770122 SAME
WINTER GARDEN, FL 34777

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

3. Date Incorporated or Qualified
5-6-83
4. FEI Number 59-2699961 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GIRVIN, J. STEVEN
800 S. DILLARD STREET
WINTER GARDEN, FL 34787

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 617.0502 and 617.1500, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signatures required when retaking)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	RYWANT, EVART	
STREET ADDRESS	14206 LAKE TILDEN BLVD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	VENAGUE, BETH	
STREET ADDRESS	14125 COUNTRY ESTATES DR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	KOVARIK, EUGENE	
STREET ADDRESS	14277 COUNTRY ESTATES BLVD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGIE MUNSON	
STREET ADDRESS	14078 LAKE TILDEN BLVD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PELLETIER, ALISON	
STREET ADDRESS	14278 COUNTRY ESTATES DR.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	DEASE, JOHN L.	
STREET ADDRESS	1125 CROSS COUNTRY RD.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUNSON, GEORGE	
1.3 STREET ADDRESS	14078 LAKE TILDEN BLVD	
1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOVARIK EUGENE	
2.3 STREET ADDRESS	14277 COUNTRY ESTATES DR.	
2.4 CITY-ST-ZIP	WINTER GARDEN FL 34787	
3.1 TITLE	DIRECTOR only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GILL, SUSAN	
4.3 STREET ADDRESS	14126 LAKE TILDEN BLVD	
4.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002513809	
5.3 STREET ADDRESS	-05/06/98--01095--020	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KUAPPEN, STEVE	
6.3 STREET ADDRESS	14242 COUNTRY ESTATES DR	
6.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

CR2E037 (10/97)