

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90072 019 ****61.25

DOCUMENT # 768313

1. Entity Name

COUNTRY LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 770122
 WINTER GARDEN FL 34777

P O BOX 770122
 WINTER GARDEN FL 34777-0122

713882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2699961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRVIN, J. STEVEN
800 S. DILLARD ST.
WINTER GARDEN FL 32787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MUNSON, GEORGE	
STREET ADDRESS	14028 LAKE TILDEN BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SALBER, MIKE	
STREET ADDRESS	1113 CROSS COUNTRY ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEASE, JOHN L	
STREET ADDRESS	1125 CROSS COUNTRY RD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, SUSAN	
STREET ADDRESS	14126 LAKE TILDEN BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUMAL, LISA	
STREET ADDRESS	543 ONE CENTER BLVD	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIATT, CLIFF	
STREET ADDRESS	14218 LAKE TILDEN BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT	
STREET ADDRESS	14230 LAKE TILDEN BLVD	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, DONNA	
STREET ADDRESS	14205 COUNTRY ESTATE DR.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, DAVID	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1711 RACHELS RIDGES LOOP	
CITY-ST-ZIP	OROE, FL 34761	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE FILE RECORDED Hodges 2-2-2000 407-654-3145