

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90024 049 ****61.25

DOCUMENT # 768313

1. Entity Name

COUNTRY LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**P O BOX 770122
WINTER GARDEN FL 34777**

Mailing Address

**P O BOX 770122
WINTER GARDEN FL 34777**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2699961

Applied For

Not Applicable

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** ☐ Delete
NAME **SMITH, ROBERT**
STREET ADDRESS **14230 LAKE TILDEN BLVD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
NAME **SD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLARK, JOE**
STREET ADDRESS **14242 LAKE TILDEN BLVD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HODGES, DONNA**
STREET ADDRESS **14205 COUNTRY ESTATE DR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GILL, DAVID**
STREET ADDRESS **14126 LAKE TILDEN BLVD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☒ Addition
NAME **Munson, GEORGE**
STREET ADDRESS **14028 LAKE TILDEN BLVD**
CITY-ST-ZIP **WINTER GARDEN, FL**

TITLE **SD** ☐ Delete
NAME **SOMAL, LISA**
STREET ADDRESS **1711 RACHELS RIDGE LOOP**
CITY-ST-ZIP **OCOOEE FL 34761**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HIATT, CLIFF**
STREET ADDRESS **14218 LAKE TILDEN BLVD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

Feb. 10, 02 407-154-3145

CR2E037 (9/01)