

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768313

FILED
Apr 09, 2009
Secretary of State

Entity Name: COUNTRY LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

800 S.DILLARD ST
WINTER GARDEN, FL 32787

New Principal Place of Business:

14016 LAKE TILDEN BLVD
WINTER GARDEN, FL 34787

Current Mailing Address:

P O BOX 770122
WINTER GARDEN, FL 34777

New Mailing Address:

FEI Number: 59-2699961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, BONNIE F
800 S.DILLARD ST.
WINTER GARDEN, FL 32787 US

Name and Address of New Registered Agent:

WATSON, BONNIE F
14016 LAKE TILDEN BLVD
WINTER GARDEN, FL 34787 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: BONNIE WATSON

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEARLES, MARTY
Address: 1125 CROSS COUNTRY ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WEAVER, RENIE
Address: 1122 CROSS COUNTRY ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: PRINCE, LAUREN
Address: 1102 COUNTRY ESTATE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: MUNSON, GEORGE
Address: 14028 LAKE TILDEN BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WEAVER, HOWARD
Address: 14205 LAKE TILDEN BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: CARR, JEFF
Address: 14052 LAKE TILDEN BLVD
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BONNIE WATSON

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date