


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 769608 1. Entity Name COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 17000 N.W. 67TH AVENUE #115 MIAMI FL 33015 US	Mailing Address 17000 N.W. 67TH AVENUE #115 MIAMI FL 33015 US
---	---



MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2409037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BET WAY PMC 14853 NE 20TH AVE MIAMI FL 33181

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank Wesołowski (Pres)* (Pres) *02/05/04* DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME	SD LOESCHE, SYLVIA <input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #147
CITY - ST - ZIP	MIAMI FL 33015
TITLE NAME	VD MCKOY, SHIRLEY <input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #735
CITY - ST - ZIP	MIAMI FL 33015
TITLE NAME	D ALVAREZ, COLLEEN <input type="checkbox"/> Delete
STREET ADDRESS	17000 NW 67TH AVE #302
CITY - ST - ZIP	MIAMI FL 33015
TITLE NAME	TD TALLON, HOWARD E <input type="checkbox"/> Delete
STREET ADDRESS	17000 N.W. 67 AVENUE, #115
CITY - ST - ZIP	MIAMI FL 33015
TITLE NAME	PD WESOLOWSKI, FRANK <input type="checkbox"/> Delete
STREET ADDRESS	17000 NW 67 AVENUE #244
CITY - ST - ZIP	MIAMI FL 33015
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000042390 02/10/04-80022-010 61.25
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Frank Wesołowski (Pres)* *02/05/04*