## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#769608** 

FILED Mar 13, 2009 Secretary of State

Entity Name: COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			ŀ	New Principal Place of Business:		
17000 N.W. 67TH AVENUE				17000 N.W. 67TH AVENUE		
#501 MIAMI, FL 33015 US				#244 MIAMI, FL 33015 US		
Current Mailing Address:				New Mailing Address:		
17000 N.W. 67TH AVENUE				TPS MANAGEMENT		
#501 MIAMI, FL 33015 US				P.O. BOX 661554 MIAMI SPRINGS, FL 33266 US		
FEI Number:	: 59-2409037	FEI Number Applied For ( )	FEI Numl	ber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and	l Address of C	Current Registered Agent:	ı	Name and	Address of N	New Registered Agent:
ORTEGA, JUAN A 17000 N.W. 67TH AVENUE MIAMI, FL 33015 US  The above named entity submits this statement for the purpose of				ORTEGA, JUAN A 17000 NW 67TH AVENUE #113 MIAMI, FL 33015 US		
	e named entity s e of Florida.	submits this statement for th	e purpose oi	changing ii	is registerea c	office of registered agent, or bot
SIGNATURE: JUAN A. ORTEGA						03/13/2009
	Electror	nic Signature of Registered A	\gent			Date
OFFICER	S AND DIREC	TORS:	I	ADDITION	S/CHANGES	TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	PD () WESOLOWSK 17000 NW 67T MIAMI, FL 330	H AVE #244	1	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( ) MCKAY, SHIRL 17000 NW 67T MIAMI, FL 330	H AVE #335	1	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition
Title: Name: Address: City-St-Zip:	ORTEGA, JUAN	AVENUE, #113	1	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition
Title: Name: Address: City-St-Zip:	SD ( ) SCHAEFER, AN 1700 NW 67TH MIAMI, FL 330	AVE #433	1	Title: Name: Address: City-St-Zip:	SD (X SCHAEFER, AI 17000 NW 67T MIAMI, FL 330	TH AVE #433
Title:	VPD ()	) Delete SE H		Title: Name:	(	) Change ()Addition

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: FRANK WESOLOWSKI P 03/13/2009