

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 11, 2008
Secretary of State**

DOCUMENT# N11908

Entity Name: COUNTRY LAKE PATIO HOMES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**2315 NW 97 AVE
MIAMI, FL 33172**New Principal Place of Business:**1840 WEST 49 STREET
SUITE # 705
HIALEAH, FL 33012**Current Mailing Address:**P.O. BOX 172125
HIALEAH, FL 33017 US**New Mailing Address:**

FEI Number: 65-0034598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COUNTY LAKE MANAGEMENT INC
2315 NW 97 AVE
MIAMI, FL 33172 US**Name and Address of New Registered Agent:**COUNTY LAKE MANAGEMENT INC
1840 WEST 49 ST
SUITE # 705
HIALEAH, FL 33012 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: ALFREDO GARCIA-MENOCAL

08/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: HARRIS, BRIAN
Address: 19901 N.W. 67 COURT
City-St-Zip: HIALEAH, FL 33015Title: T () Delete
Name: REBUSTILLO, JORGE
Address: 18957 NW 63 CT. CIRCLE
City-St-Zip: HIALEAH, FL 33015Title: S () Delete
Name: MCKENZIE, LAURA
Address: 19903 N.W. 67 COURT
City-St-Zip: HIALEAH, FL 33015Title: D () Delete
Name: NINO, MARCO
Address: 18969 NW 63 CT. CIRCLE
City-St-Zip: HIALEAH, FL 33015Title: VP () Delete
Name: SAIZ, DANIEL
Address: 18971 N.W. 63 CT CIRCLE
City-St-Zip: HIALEAH, FL 33015Title: D () Delete
Name: ANGELA, STEVENSON
Address: 18999 N.W. 63 CT CIRCLE
City-St-Zip: HIALEAH, FL 33015**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:
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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: BRIAN HARRIS

P

08/11/2008

Electronic Signature of Signing Officer or Director

Date