

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000549 (4)**

1. Corporation Name

COUNTRY LANE ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 1003 S. FLORIDA AVENUE, LAKELAND FL 33803
Mailing Address: 1003 S. FLORIDA AVENUE, LAKELAND FL 33803

3. Date Incorporated or Qualified: 02/03/1995
3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	<input checked="" type="checkbox"/>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Country		Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAGWELL, JEFF 1003 S. FLORIDA AVENUE LAKELAND FL 33803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAGWELL, JEFF			1 2 NAME			
STREET ADDRESS	1003 S. FLORIDA AVENUE			1 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803			1 4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, RANDY			2 2 NAME			
STREET ADDRESS	101 W. MAIN ST., STE. 200			2 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801			2 4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCK, JOYCE			3 2 NAME			
STREET ADDRESS	P.O. BOX 1527 N/A			3 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33802			3 4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, PAT			4 2 NAME			
STREET ADDRESS	P.O. BOX 1607 N/A			4 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33802			4 4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERA, MIRIAM			5 2 NAME			
STREET ADDRESS	934 S. GOLDEN RULE COURT			5 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803			5 4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIGGS, KITTY B			6 2 NAME			
STREET ADDRESS	420 TUCKER STREET			6 3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33804			6 4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 6-17-96 DAYTIME PHONE #: 941-682-1025

CR2E037 (12/95)