2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NOSOOOOSSO



FILED Mar 29, 2004 8:00 am Secretary of State

1. Entity Name COUNTRYSIDE LAKES PROPERTY OWNERS ASSOCIATION, INC.				03-29-2004 90069 048 ****61.26				
Principal Plac 16435 SE 1 WEIRSDALE,	38 AVE	failing Address P.O. BOX 498 WEIRSDALE, FL 3219	5					
2. Principal Place of Business 3. Ma		Mailing Address	lailing Address					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CI	R2E037 (10/03)		
City & State		City & State	City & State		4. FEI Number 59-3613675			
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Regi	Name	7. Name and Address of New Registered Agent Name					
DOUGLAS, R HUGH 13655 SE-162 PLACE WEIRSDALE, FL 32195				Street Address (P.O. Box Number is Not Acceptable)				
	e named entity submits this statement for the		City			FL Zip Code		
SIGNATURE	Signature, typed or printed name of registered agent and take Filling Fee is \$61.25 Due by May 1, 2004	9. Election Car	E: Registered Agent signature requirements of the property of	\$5.00 May Be Added to Fees	Make	DATE check payable to Department of St		
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, R HUGH 13655 SE 162 PLACE WEIRSDALE, FL 32195	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	STD HOGENBOOM, LILLIAN D 6 B FLORABUNDA CIRCLE ORANGE CITY, FL 32763	□ Delete	NAME STREET ADDRESS 6	Florabunda	Circle, A	© Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VD ALBRIGHT, GEORGE J JR 17017 SE 150 AVENUE ROAD WEIRSDALE, FL 32195	☐ Delete	TITLE NAME STREET ADDRESS 1	4050 SE 146	Court	⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ast dare wel	r, fl. 32 1	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the co	certify that the information supplied with this on this report or supplemental report is true reporation or the receiver or trustee empowers , or on an attachment with an address, with a	and accurate and that a ed to execute this report	my signature shall have the as required by Chapter (he same legal effect as if	made under oath:	that I am an officer	or director 1	

R. Hugh Douglas 3/23/04 (352) 821-2211