

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000320

FILED
Apr 29, 2008
Secretary of State

Entity Name: COUNTRYSIDE LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17200 SE HIGHWAY 42
WEIRSDALE, FL 32195

New Principal Place of Business:

16880 SE 173RD TERRACE RD
WEIRSDALE, FL 32195

Current Mailing Address:

P. O. BOX 331
WEIRSDALE, FL 32195 US

New Mailing Address:

FEI Number: 59-3613675 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIEGEL, RICHARD
16880 SE 173RD TERRACE RD
WEIRSDALE, FL 32195 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIEGEL, RICHARD
Address: 16880 SE 173RD TERRACE RD
City-St-Zip: WEIRSDALE, FL 32195

Title: ST () Delete
Name: KNOP, SHERRIE L
Address: 17116 SE 173RD TERRACE RD
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: LORD, CAROL
Address: 17200 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: SHREINER, THORNTON
Address: 17000 SE 173RD TERRACE ROAD
City-St-Zip: WEIRSDALE, FL 32195

Title: D () Delete
Name: KELLER, LOUIS J
Address: 17100 SE 173RD TERRACE RD
City-St-Zip: WEIRSDALE, FL 32195 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PETERS, SANDRA
Address: 16960 SE 173RD TERRACE RD
City-St-Zip: WEIRSDALE, FL 32195

Title: D (X) Change () Addition
Name: LORD, CHARLES
Address: 17200 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195

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: SHERRIE L. KNOP

ST

04/29/2008

Electronic Signature of Signing Officer or Director

Date