

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06318** (2)
1. Corporation Name
COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1586 LAWDALE CIRCLE P.O. BOX 503 GOLDENROD FL 32733		Mailing Address 1586 LAWDALE CIRCLE P.O. BOX 503 GOLDENROD FL 32733		3. Date Incorporated or Qualified 11/26/1984
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip		25 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
26 Zip		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PRESTON, MICHAEL 1586 LAWDALE CIRCLE WINTER PARK FL 32792		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, SUSAN M	1.2 NAME	Susan Little
STREET ADDRESS	1578 LAWDALE CIRCLE	1.3 STREET ADDRESS	1578 Lawndale Circle
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	2.2 NAME	Michael Preston
STREET ADDRESS	1597 LAWDALE CIRCLE	2.3 STREET ADDRESS	1586 Lawndale Circle
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	3.2 NAME	Vice President
STREET ADDRESS	MCLEOD, WILLIAMN	3.3 STREET ADDRESS	Barbara Johnson
CITY-ST-ZIP	1632 LAWDALE CIRCLE	3.4 CITY-ST-ZIP	1614 Lawndale Circle
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	4.2 NAME	Director
STREET ADDRESS	FREYTAG, CATHY	4.3 STREET ADDRESS	Sean Mason
CITY-ST-ZIP	1517 LAWDALE CIRCLE	4.4 CITY-ST-ZIP	1634 Lawndale Circle
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	5.2 NAME	Director
STREET ADDRESS	MASSA, GERALD	5.3 STREET ADDRESS	Margaret Schmidt
CITY-ST-ZIP	1468 AUBURN GREEN LOOP	5.4 CITY-ST-ZIP	1586 Lawndale Circle
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Kristi Smith
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2817 Whispering Way
			Winter Park FL 32792

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-20-98 407-657-2739

CR2E037 (10/97)