2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06318

FILED Mar 29, 2008 Secretary of State

Entity Name: COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1500 LAWNDALE CIRCLE P.O. BOX 503

GOLDENROD, FL 32733

Current Mailing Address:

New Mailing Address:

1550 LAWNDALE CIRCLE

WINTER PARK, FL 32792

1500 LAWNDALE CIRCLE P. O. BOX 503

P.O. BOX 503 WINTER PARK, FL 32733 GOLDENROD, FL 32733

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STANLEY, FREDERIC JR ESQ 260 MAITLAND AVENUE, SUITE 1500 ALTAMONTE SPRINGS, FL 32701 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Name: ZANIER, JOHN

Address: P.O. BOX 503

City-St-Zip: GOLDENROD, FL 32733

Title: VP () Delete

Name: JONES, JON Address: P.O. BOX 503

City-St-Zip: GOLDENROD, FL 32733

Title: D () Delete

Name: STEWART, AMANDA Address: P.O. BOX 503 City-St-Zip: GOLDENROD, FL 32733

Title: D () Delete

 Name:
 BURCH, DOUG

 Address:
 P.O. BOX 503

 City-St-Zip:
 GOLDENROD, FL 32733

Title: P () Delete
Name: WHITE, DOUGLAS
Address: P.O. BOX 503

City-St-Zip: GOLDENROD, FL 32733

Title: D (X) Delete
Name: GARNETT. TOM

Address: P.O. BOX 503 City-St-Zip: GOLDENROD, FL 32733 ADDITIONO/OFFANOLO TO OFF TOLING AND DIRECT

itle: P (X) Change () Addition

Name: WHITE, DOUGLAS
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: VP (X) Change () Addition

Name: ZANIER, JOHN Address: P.O. BOX 503

City-St-Zip: GOLDENROD, FL 32733

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: D (X) Change () Addition

 Name:
 GARRETT, TOM

 Address:
 P.O. BOX 503

 City-St-Zip:
 GOLDENROD, FL 32733

Title: P (X) Change () Addition

Name: FREEMAN, CAROLYN Address: P.O. BOX 503

City-St-Zip: GOLDENROD, FL 32733

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: DOUGLAS C. WHITE P 03/29/2008