

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768313

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC9285383842**

**Entity Name:** COUNTRY LAKES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

14028 LAKE TILDEN BLVD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P.O BOX 770122  
WINTER GARDEN, FL 34777 US

**FEI Number:** 59-2699961

**Certificate of Status Desired:** No

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

MUNSON, GEORGE D  
14028 LAKE TILDEN BLVD  
WINTER GARDEN, FL 34787 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:** GEORGE D MUNSON

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MUNSON, GEORGE  
Address 14028 LAKE TILDEN BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name CAIRNS, ROBERT A JR.  
Address 14040 LAKE TILDEN BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name MARTAZAHN, TOM  
Address 1113 CROSS COUNTRY RD.  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name SMITH, ROBERT  
Address 14230 LAKE TILDEN BLVD.  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name CASALESE, JOE  
Address 14205 LAKE TILDEN BLVD.  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name CAIRNS, ROBERT A JR.  
Address 14040 LAKE TILDEN BLVD  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name MARTAZAHN, TOM  
Address 1113 CROSS COUNTRY RD.  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name SMITH, ROBERT  
Address 14230 LAKE TILDEN BLVD.  
City-State-Zip: WINTER GARDEN FL 34787

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT A CAIRNS

**DIRECTOR**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CASALESE, JOE  
Address        14205 LAKE TILDEN BLVD.  
City-State-Zip: WINTER GARDEN FL 34787