### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 768313

Entity Name: COUNTRY LAKES COMMUNITY ASSOCIATION, INC.

### **Current Principal Place of Business:**

610 N WYMORE ROAD SUITE 200 MAITLAND, FL 32751-4239

### **Current Mailing Address:**

610 N WYMORE ROAD SUITE 200 MAITLAND, FL 32751-4239 US

# FEI Number: 59-2699961

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

HENLEY, ELENA 610 N WYMORE ROAD SUITE 200 MAITLAND, FL 32751-4239 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:	ELENA HENLEY		
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	PRESIDENT	Title	SECRETARY
Name	MUNSON, GEORGE	Name	RECKNOR-ELLIOT, TERRI
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200	Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239	City-State-Zip:	MAITLAND FL 32751-4239
Title	TREASURER	Title	DIRECTOR
Name	HINKLE, ALEXANDER	Name	REEDY, THOMAS
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200	Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	DIRECTOR
Name	CASALESE, JOSEPH	Name	SARA, JONATHAN
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200	Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239	City-State-Zip:	MAITLAND FL 32751-4239
Title	DIRECTOR		
Name	SEARLES, MARTY		
Address	C/O SOUTHWEST PROPERTY MANAGEMENT 610 N WYMORE ROAD SUITE 200		
City-State-Zip:	MAITLAND FL 32751		

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: TERRI RECKNOR-ELLIOT

SECRETARY

03/22/2024

# FILED Mar 22, 2024 Secretary of State 3293686735CC

Certificate of Status Desired: No