

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

DOCUMENT# 769608

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC7908936934**

**Entity Name:** COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

NW 170TH STREET AND 67TH AVENUE  
MIAMI, FL 33015

**Current Mailing Address:**

TPS MANAGEMENT  
P.O. BOX 661554  
MIAMI SPRINGS, FL 33266 US

**FEI Number:** 59-2409037

**Certificate of Status Desired:** No

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

STRALEY & OTTO, P.A.  
2699 STIRLING RD.  
SUITE C-207  
HOLLYWOOD-FT LAUDERDALE, FL 33312 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

**Officer/Director Detail :**

Title PD  
Name WESOLOWSKI, FRANK  
Address P O BOX 661554  
City-State-Zip: MIAMI SPRINGS FL 33266

Title S, D  
Name SCHAEFER, ANDREA  
Address P O BOX 661554  
City-State-Zip: MIAMI SPRINGS FL 33266

Title TREASURER, DIRECTOR  
Name BAUZA, CYNTHIA  
Address P O BOX 661554  
City-State-Zip: MIAMI SPRINGS FL 33266

*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:** FRANK WESOLOWSKI

**PRESIDENT**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date