

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

DOCUMENT# 771258

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC4362880247**

**Entity Name:** COUNTRY LAKES WEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
GREENACRES, FL 33463 US

**FEI Number: 59-2659583**

**Certificate of Status Desired: No**

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

MILBERG KLEIN, P.L.  
5550 GLADES ROAD, SUITE 500  
BOCA RATON, FL 33431 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: DAVID Y KLEIN, ESQ**

**04/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name SCHOEPP, ANN  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

Title PD  
Name SNEED, ROBERT  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

Title D  
Name BOYKIN, DAVID  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

Title VPD  
Name LEYENDECKER, WALTER  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

Title D  
Name HEIKE, GAYLE  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

Title TD  
Name KOTA, ELIZABETH M  
Address C/O INFINITY COMMUNITY MGMT  
5350 10TH AVENUE N SUITE 2  
City-State-Zip: GREENACRES FL 33463

*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 SNEED**

**PRESIDENT**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date