

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N11908

**Entity Name:** COUNTRY LAKE PATIO HOMES COMMUNITY ASSOCIATION, INC.

**FILED  
Nov 29, 2017  
Secretary of State  
CC5029678627**

**Current Principal Place of Business:**

1840 WEST 49 STREET  
SUITE # 705  
HIALEAH, FL 33012

**Current Mailing Address:**

P.O. BOX 172125  
HIALEAH, FL 33017 US

**FEI Number: 65-0034598**

**Certificate of Status Desired: No**

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

COUNTRY LAKE MANAGEMENT INC  
1840 WEST 49 ST  
SUITE # 705  
HIALEAH, FL 33012 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 VP  
Name HARRIS, BRIAN  
Address 19901 N.W. 67 COURT  
City-State-Zip: HIALEAH FL 33015

Title PRESIDENT  
Name REBUSTILLO, GEORGE  
Address 18957 NW 63 CT. CIRCLE  
City-State-Zip: HIALEAH FL 33015

Title D  
Name FLEMMINGS, REYNALDO L  
Address 18867 NW 63 CT. CIRCLE  
City-State-Zip: HIALEAH FL 33015

Title DIRECTOR  
Name PAULINO, EDUARD SR.  
Address 18922 NW 63 CT. CIRCLE  
City-State-Zip: HIALEAH FL 33015

Title TREASURER  
Name BRYANT, ROLINDA  
Address 6771 NW 199 TERRACE  
City-State-Zip: HIALEAH FL 33015

Title SECRETARY  
Name FARINAS, JOHANNA  
Address 19901 NW 67 CIRCLE COURT  
City-State-Zip: HIALEAH FL 33015

Title ARCHITECTURAL CONTROL  
Name MARCHANY, PABLO  
Address 19916 NW 67 PLACE  
City-State-Zip: HIALEAH FL 33015

Title ARCHITECTURAL CONTROL  
Name KULLER, STEVEN  
Address 18993 NW 63 COURT CIRCLE  
City-State-Zip: HIALEAH FL 33015

*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: GEORGE REBUSTILLO**

**PRESIDENT**

**11/29/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date