


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 727123	
1. Entity Name COUNTRY-CLUB LANE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7519 W 7 RIVERS DRIVE CRYSTAL RIVER, FL 34429 US	Mailing Address 7519 W 7 RIVERS DRIVE CRYSTAL RIVER, FL 34429 US
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03242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2896760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PONCY, LOIS A. 7519 W 7 RIVERS DRIVE CRYSTAL RIVER, FL 34429

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAK, WILLIAM J 7517 W. SEVEN RIVERS DR. CYRSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCAFFREY, BARABARA 7513, W. SEVEN RIVERS DR. CYRSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PONCY, LOIS 7519 W. SEVEN RIVERS DR. CYRSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATNEY, KEN 7511 W. SEVEN RIVERS DR. CYRSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTAIN, CONNIE 7509 W. SEVEN RIVERS DR. CYRSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, WILLIAM 1819 S. WATERBIRD PT. CRYSTAL RIVER, FL 34429

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04/20/07-80138-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois A. Poncy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07 352
563-5649
Daytime Phone #

LOIS A. PONCY