2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 760445

1. Entity Name
COUNTRY CORNERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6923 COUNTRY CORNER LANE ORLANDO FL. 32809 US	PO BOX 561338 ORLANDO, FL 32856-1338 US

01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2142452
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEAN & MARLOW, PA
646 E COLONIAL DR
ORLANDO, FL 32803

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000465359
US*22,06-00083-009 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARNEY, PEGGY
STREET ADDRESS	6923 COUNTRY CORNER LANE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VS
NAME	MILLER, EILEEN
STREET ADDRESS	6923 COUNTRY CORNER LN
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	Y
NAME	ROBINSON, DOROTHY
STREET ADDRESS	6926 COUNTRY CORNER LANE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dorothy Robinson DOROTHY ROBINSON 3/7/06 401-245-4106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER