


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 025 ****61.25

DOCUMENT # 771258 1. Entity Name COUNTRY LAKES WEST PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C.A.M.S. 314 NE 3RD ST BOYNTON BEACH, FL 33435 US			Mailing Address C.A.M.S. 314 NE 3RD ST BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2659583	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELFAND, MICHAEL PA 1555 PALM BEACH LAKES BLVD STE 1220 W. PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, AMY L <input type="checkbox"/> Delete 7742 ASHWOOD LN. LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter Legendlecker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7758 Blairwood Cir North Lake Worth, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, JOYCE <input type="checkbox"/> Delete 52 LAKE HARWOOD LANE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, DAVID <input type="checkbox"/> Delete 7827 RIDGEWOOD DR LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNEED, ROBERT <input type="checkbox"/> Delete 7787 RIDGEWOOD DR LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMOS, DIANE <input type="checkbox"/> Delete 7888 BURLWOOD LANE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOTA, ELIZABETH M <input type="checkbox"/> Delete 5110 CANAL CIR. S. LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Amy Brown</i> Amy Brown <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					