

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90113 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L53671**

1. Corporation Name
COUNTRYSIDE LAKES, INC.



Principal Place of Business Mailing Address
403 S. AMELIA AVE. 403 S. AMELIA AVE.
DELAND FL 32724-5917 DELAND FL 32724-5917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1990

4. FEI Number Applied For
59-2998168 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **941 Village Trail** 26 **941 Village Trail**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Port Orange, FL** 28 **Port Orange, FL**

Zip Country Zip Country

24 **32127** 25 29 **32127** 30

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
P.O. BOX 2491
DAYTONA BEACH FL 32115

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, LEE PATRICK	1.2 NAME	
STREET ADDRESS	403 S. AMELIA AVE	1.3 STREET ADDRESS	941 Village Trail
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, GEORGE C.	2.2 NAME	
STREET ADDRESS	403 S. AMELIA AVE	2.3 STREET ADDRESS	941 Village Trail
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERT, FRED A L	3.2 NAME	
STREET ADDRESS	403 S. AMELIA AVE	3.3 STREET ADDRESS	941 Village Trail
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Lane, PD Date: 1-20-99 Daytime Phone #: 904 756 3480

CR2E034 (1/198)