

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53671

Entity Name: COUNTRYSIDE LAKES, INC.

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

941 VILLAGE TRAIL  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

941 VILLAGE TRAIL  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 59-2998168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

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

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

SCHRUNK, STEVEN P ADM  
941 VILLAGE TRAIL  
SUITE B-315  
PORT ORANGE, FL 32127 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: STEVEN SCHRUNK      01/04/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LANE, LEE PATRICK,  
Address: 941 VILLAGE TRAIL  
City-St-Zip: PORT ORANGE, FL 32127

Title: VD ( ) Delete  
Name: LANE, GEORGE C.,  
Address: 941 VILLAGE TRAIL  
City-St-Zip: PORT ORANGE, FL 32127

Title: STD ( ) Delete  
Name: EBERT, FRED A L,  
Address: 941 VILLAGE TRAIL  
City-St-Zip: PORT ORANGE, FL 32127

Title: ADM ( ) Delete  
Name: SCHRUNK, STEVEN P  
Address: 941 VILLAGE TRAIL  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN P. SCHRUNK      ADM      01/04/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date