FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 10 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00029 (1)

1. Corporation Name

COUNTRY LAKES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5267 COUNTRY FIELD CIRCLE FT. MYERS FL 33905 US	5267 COUNTRY FIELD CIRCLE FT MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1983
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2410195 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUTKA JOHN
5448 COUNTRY DALE COURT
FT. MYERS FL 33905

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MARTINSON, BOB	1.2 NAME	LUKE CASSARIO	
STREET ADDRESS	5440 COUNTRY DALE COURT	1.3 STREET ADDRESS	5400 COUNTRY FIELD CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	DUBE, BILL	2.2 NAME	POLLYE ELLER	
STREET ADDRESS	9918 CREEKWOOD LANE	2.3 STREET ADDRESS	5426 COUNTRY DALE COURT	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	ELLER, POLLY	3.2 NAME	ED INMAN	
STREET ADDRESS	5426 COUNTRY DALE COURT	3.3 STREET ADDRESS	5276 COUNTRY FIELD CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	CORBETT, JOHN	4.2 NAME		
STREET ADDRESS	5370 COUNTRY DALE COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DUBE, BILL	5.2 NAME		
STREET ADDRESS	9918 CREEKWOOD LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	INMAN, EDWIN C	6.2 NAME	JACK WENTZELL	
STREET ADDRESS	5276 COUNTRY FIELDS CIRCLE	6.3 STREET ADDRESS	9856 CATTAIL COURT	
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	FORT MYERS, FL 33905	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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