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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00029 (1)

1. Corporation Name

COUNTRY LAKES OWNERS' ASSOCIATION, INC.

Principal Place of Business

5267 COUNTRY FIELD CIRCLE
FT. MYERS FL 33905
US

Mailing Address

5267 COUNTRY FIELD CIRCLE
FT MYERS FL 33905-5104
US3. Date Incorporated or Qualified
11/28/19833a. Date of Last Report
02/14/19964. FEI Number
50-2410195Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTKA JOHN
5448 COUNTRY DALE COURT
FT. MYERS FL 33905

81 Name

POLLYE ELLER

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

5446 COUNTRY DALE CT

83

84 City

FT MYERS

FL

85 Zip Code

33905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 T
NAME CASSARIO, LUKE
STREET ADDRESS 5400 COUNTRY FIELD CIRCLE
CITY-ST-ZIP FT. MYERS FL☐ DELETETITLE P
NAME ELLER, POLLYE
STREET ADDRESS 5426 COUNTRY DALE COURT
CITY-ST-ZIP FT MYERS FL☐ DELETETITLE D
NAME INMAN, ED
STREET ADDRESS 5276 COUNTRY FIELD CIRCLE
CITY-ST-ZIP FT. MYERS FL☐ DELETETITLE S
NAME HAGEN, EDWIN
STREET ADDRESS 9846 CREEKWOOD LANE
CITY-ST-ZIP FT MYERS FL☐ DELETETITLE D
NAME COONER, HENRY
STREET ADDRESS 9835 CREEKWOOD LANE
CITY-ST-ZIP FT. MYERS FL☐ DELETETITLE D
NAME WENTZELL, JACK
STREET ADDRESS 9856 CATTAIL COURT
CITY-ST-ZIP FT. MYERS FL☐ DELETE1.1 TITLE JOHN RUTKA
1.2 NAME 544 COUNTRY DALE CT
1.3 STREET ADDRESS VICE PRES
1.4 CITY-ST-ZIP FT MYERS FL 33905☐ Change ☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

POLLYE ELLER REQUIRED

1-22-97 693-8330

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 00000000

CR2E037 (9/96)