

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified

11/28/1983

4. FEI Number

59-2410195

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLER, POLLYE
5426 COUNTRY DALE COURT
FORT MYERS FL 33905**

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 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 **POLLYE ELLER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-7-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CASSARIO, LUKE	
STREET ADDRESS	5400 COUNTRY FIELD CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLER, POLLYE	
STREET ADDRESS	5426 COUNTRY DALE COURT	
CITY-ST-ZIP	FT MYERS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INMAN, ED	
STREET ADDRESS	5276 COUNTRY FIELD CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HAGEN, EDWIN	
STREET ADDRESS	9846 CREEKWOOD LANE	
CITY-ST-ZIP	FT MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COONER, HENRY	
STREET ADDRESS	9835 CREEKWOOD LANE	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WENTZELL, JACK	
STREET ADDRESS	9856 CATTAIL COURT	
CITY-ST-ZIP	FT. MYERS FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL DUBE	
1.3 STREET ADDRESS	9918 CREEKWOOD LN	
1.4 CITY-ST-ZIP	FT MYERS FL 33905	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CORBETT JOHN	
2.3 STREET ADDRESS	5870 COUNTRY DALE CT	
2.4 CITY-ST-ZIP	FT MYERS FL 33905	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN RUTKA	
3.3 STREET ADDRESS	5448 COUNTRY DALE CT	
3.4 CITY-ST-ZIP	FT MYERS FL 33905	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAGEN EDWIN	
4.3 STREET ADDRESS	9846 CREEKWOOD LN	
4.4 CITY-ST-ZIP	FT MYERS FL 33905	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 1-7-98 941-493-8332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-493-8332

CR2E037 (10/97)