

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90185 020 ****61.25

0058890

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N00029

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



| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 11/28/1983 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2410195 | |
| 24 Country | | 29 Country | | 30 Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | Trust Fund Contribution | |

9. Name and Address of Current Registered Agent

ELLER, POLLYE
5426 COUNTRY DALE COURT
FORT 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 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 | VP | 1.1 TITLE | 2.5 SHEITON, DOROTHY |
| NAME | DUBE, BILL | 1.2 NAME | 9830 CREEKWOOD LN |
| STREET ADDRESS | 9918 CREEKWOOD LN | 1.3 STREET ADDRESS | FT MYERS FL 33905 |
| CITY-ST-ZIP | FT. MYERS FL 33905 | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | YONKIN, JOHN |
| NAME | ELLER, POLLYE | 2.2 NAME | 5343 COUNTRY DALE CT |
| STREET ADDRESS | 5426 COUNTRY DALE COURT | 2.3 STREET ADDRESS | FT MYERS FL 33905 |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | CORBETT, JOHN | 3.2 NAME | |
| STREET ADDRESS | 5370 COUNTRY DALE CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL 33905 | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | |
| NAME | HAGEN, EDWIN | 4.2 NAME | |
| STREET ADDRESS | 9846 CREEKWOOD LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL 33905 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | |
| NAME | COONER, HENRY | 5.2 NAME | |
| STREET ADDRESS | 9835 CREEKWOOD LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | |
| NAME | WENTZELL, JACK | 6.2 NAME | |
| STREET ADDRESS | 9856 CATTAIL COURT | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

1-7-98 (941) 693-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)