

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00029

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2410195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLER, POLLYE
5426 COUNTRY DALE COURT
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Pollye ELLER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | DUBE, BILL | |
| STREET ADDRESS | 9918 CREEKWOOD LN | |
| CITY-ST-ZIP | FT. MYERS FL 33905 | |
| 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 | RUTKA, JOHN | |
| STREET ADDRESS | 5448 COUNTRY DALE CT | |
| CITY-ST-ZIP | FORT MYERS FL 33905 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SHELTON, DOROTHY | |
| STREET ADDRESS | 9830 CREEKWODD LN | |
| CITY-ST-ZIP | FT MYERS FL 33905 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | YONKIN, JOHN | |
| STREET ADDRESS | 5343 COUNTRY DALE CT | |
| CITY-ST-ZIP | FT. MYERS FL 33905 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WENTZELL, JACK | |
| STREET ADDRESS | 9856 CATTAIL COURT | |
| CITY-ST-ZIP | FT. MYERS FL | |

11.

| | | |
|----------------|------------------------|--|
| TITLE | CINDRICH, GARY | <input checked="" type="checkbox"/> Addition |
| NAME | 9864 CATTAIL CT | |
| STREET ADDRESS | FT MYERS, FL 33905 | |
| CITY-ST-ZIP | | |
| TITLE | FRUTIGER LAVERNE | <input checked="" type="checkbox"/> Addition |
| NAME | 5432 COUNTRY Field Cir | |
| STREET ADDRESS | FT MYERS FL 33905 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACK WENTZELL | |
| STREET ADDRESS | 9856 Cattail Ct | |
| CITY-ST-ZIP | FT MYERS FL 33905 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pollye ELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2001, 941-693-8330

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90048 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)