


FILED
Apr 05, 2004 8:00 am
Secretary of State

94044344

DOCUMENT # N00029				Secretary of State 04-05-2004 90076 036 ****61.25	
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 8270 College PKWY Suite, Apt. #, etc. #104		02202004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		City & State Fort Myers FL		4. FEI Number 59-2410195	
City & State		Zip 33919		Applied For Not Applicable	
Country		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORIN, BETTY 9873 CREEKWOOD LANE WEST PALM BEACH, FL 33405			7. Name and Address of New Registered Agent Name CONRAD, DEBBIE Street Address (P.O. Box Number is Not Acceptable) PARAGON FINANCIAL SVCS 8270 COLLEGE PKWY #104 City FORT MYERS FL Zip Code 33919		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Debbie Conrad</u> DATE <u>4/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CINDRICH, GARY 9864 CATTAIL CT FT. MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORIN, BETTY 9873 CREEKWOOD LANE FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUECKE, MICHAEL 5432 COUNTRY DALE CT FORT MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKEY, RICHARD 5491 COUNTRY DALE CT FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIOTT, JAMES 5268 COUNTRY FIELD CIR FORT MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NICKERSON, DICK 5311 COUNTY DALE CT FT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUTKA, JOHN 5448 COUNTRY DALE CT FT. MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERSINGER, VIRGINIA 5386 COUNTRY FIELD CIR FORT MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LURKE, MICHAEL 5432 COUNTRY DALE COURT FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUTKA, JOHN 5448 COUNTRY DALE CT FORT MYERS FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Michael W. Lurke</u> DATE: <u>4-1-4</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					