## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N00029  1. Entity Name COUNTRY LAKES OWNERS' ASSOCIATION, INC.					04-13-2005 90054 032 ****61.25			
Principal Place of Business  5267 COUNTRY FIELD CIRCLE FT. MYERS, FL 33905 US  Mailing Address  8270 COLLEGE PKWY FORT MYERS, FL 33905					40055213			
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2. Principal Place of Business		3. Mailing Address 8280 College PKWY			1811  6.81 8 11618 1817 8161  6181  81 :	### ##################################	B     B	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Swite 103		03102005 CI	ng-NP CR2E0	37 (10/03)		
City & State		City & State		4. FEI Number 59-241019	5	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired 🔲	\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Registered	<del> </del>		
. Name								
CONRAD, DEBBIE PARAGON FINANCIAL SVCS				Street Address (P.O. Box Number is Not Acceptable)				
	LEGE PKWY #104 ERS, FL 33919		8280	8280 College PLWY #103				
			City	FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered office or registered.					the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.								
SIGNATURE DUVIE COMPA 3/31/05								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaign Trust Fund Contrib				\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to		
			11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	VP .	☐ Defete	· · · · · · · · · · · · · · · · · · ·					
NAME STREET ADDRESS	CINDRICH, GARY 9864 CATTAIL CT			102 KILTS		Change	Addition	
CITY-ST-ZIP			NAME	TOE KILTS 5340 Courtey I	FRED CIRCLE	Change	<b>Z</b> . Addition	
	FT. MYERS, FL 33905		444.45	5340 COUNTRY 1	·	Change	<b>Z</b> L≜ddition	
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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.

CITY-ST-ZIP

SIGNATURE:

FORT MYERS, FL 33905

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W LUZLE 3/31/05 994 1903