



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90001 033 ****61.25

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 8270 COLLEGE PKWY SUITE 103 FORT MYERS, FL 33919 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8280 COLLEGE PKWY SUITE 103		 01182006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2410195	
City & State		City & State FORT MYERS FL			
Zip		Zip 33919			
Country		Country US			
6. Name and Address of Current Registered Agent CONRAD, DEBBIE PARAGON FINANCIAL SVCS 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8280 COLLEGE PKWY #103 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><i>Debbie Conrad</i></u> DATE <u>2/16/06</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, 2006		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 LUECKE, MICHAEL 5432 COUNTRY DALE CT. FORT 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	D KILTS, JOE 5340 COUNTRY FIELD CIRCLE FORT 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	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 PERSINGER, VIRGINIA 5386 COUNTRY FIELD CIR. FORT 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	D RUTKA, JOHN 5448 COUNTRY DALE CT. FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TIMMONS, DONALD 9878 CREEKWOOD LANE FORT MYERS FL 33905
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Michael W. [Signature]</i></u> DATE <u>2/16/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					