


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90078 011 ****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 8280 COLLEGE PKWY SUITE 103 FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2410195	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONRAD, DEBBIE PARAGON FINANCIAL SVCS 8280 COLLEGE PKWY #103 FORT MYERS, FL 33919				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KILTS, AUDRY 5340 COUNTRY FIELD CIRCLE FORT MYERS FLA 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUECKE, MICHAEL 5432 COUNTRY DALE CT. FORT MYERS, FL 33905			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLIOTT, JAMES FORT MYERS FLA 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILTS, JOE 5340 COUNTRY FIELD CIRCLE FORT MYERS, FL 33905			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICKERSON, DICK 5311 COUNTY DALE CT FT MYERS, FL 33905			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERSINGER, VIRGINIA 5386 COUNTRY FIELD CIR. FORT MYERS, FL 33905			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMONS, DONALD 9878 CREEKWOOD LN FORT MYERS, FL 33905			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Michael W Luecke</u> <u>PRESIDENT</u> <u>2-15-07</u> <u>239 994-1903</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

MICHAEL W LUECKE