# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00029

FILED Mar 30, 2009 Secretary of State

Entity Name: COUNTRY LAKES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5267 COUNTRY FIELD CIRCLE FT. MYERS, FL 33905

**Current Mailing Address: New Mailing Address:** 

8280 COLLEGE PKWY SUITE 103 FORT MYERS, FL 33919 US

FEI Number: 59-2410195 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONRAD, DEBBIE PARAGON FINANCIAL SVCS 8280 COLLEGE PKWY #103 FORT MYERS, FL 33919 US

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:

Date

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition CINDRICH, GARY CINDRICH, GARY Name: Name: 9864 CATTAIL CT Address: 9864 CATTAIL CT Address: City-St-Zip: FT. MYERS, FL 33905 City-St-Zip: FT. MYERS, FL 33905

Title: () Delete Title: () Change () Addition

LUECKE, MICHAEL Name: Name: Address: 5432 COUNTRY DALE CT. Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

KILTS, JOE Name: ELLIOTT, JAMES Name:

5340 COUNTRY FIELD CIRCLE 5268 COUNTRYFIELD CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: NICKERSON, DICK Name: EPIFANIO, PATRICIA 5311 COUNTY DALE CT 9755 CATTAIL COURT Address: Address: City-St-Zip: FT MYERS, FL 33905 City-St-Zip: FT MYERS, FL 33905

Title: () Delete Title: (X) Change ( ) Addition

KILTS, AUDRY WARREN, ERNEST Name: Name: 5386 COUNTRYDALE COURT 5340 COUNTRY FIELD CIRCLE Address: Address:

City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

Title: () Delete Title: (X) Change ( ) Addition TIMMONS, DONALD MILLER, CAROLYN Name: Name:

Address: 9878 CREEKWOOD LN Address: 9962 CREEKWOOD LANE FORT MYERS, FL 33905 FORT MYERS, FL 33905 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LUECKE Ρ 03/30/2009