

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 008 ****61.25

DOCUMENT # N01484

1. Entity Name

COUNTRY LANE CONDOMINIUM NO.2 ASSOCIATION, INC.



Principal Place of Business

17000 N.W. 67TH AVENUE
#502
MIAMI FL 33015
US

Mailing Address

COUNTRY LANE
17000 NW 67 AVENUE, #502
MIAMI FL 33015
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2516760

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK WESOLOWSKI
17000 NW 67 AVENUE
244
MIAMI FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **WESOLOWSKI, FRANK P**
STREET ADDRESS **17000 NW 67TH AVENUE #244**
CITY- ST- ZIP **MIAMI FL 33015**

TITLE **D** ☐ Delete
NAME **LOESCHE, SYLVIA**
STREET ADDRESS **17000 NW 67TH AVE, # 147**
CITY- ST- ZIP **MIAMI FL 33015**

TITLE **T** ☐ Delete
NAME **MCKOY, SHIRLEY**
STREET ADDRESS **17000 NW 67TH AVE # 335**
CITY- ST- ZIP **MIAMI FL 33015**

TITLE **SEC** ☐ Delete
NAME **SCHAEFER, ANDREA**
STREET ADDRESS **17000 NW 67 AVE UNIT 433**
CITY- ST- ZIP **MIAMI FL 33015**

TITLE **VP** ☐ Delete
NAME **DOUNVEOR, BOYD**
STREET ADDRESS **17000 NW 67 AVE UNIT 204**
CITY- ST- ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VP + Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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 Section 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: *A. Schaefer* **ANDREA SCHAEFER**

02/06/08

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