

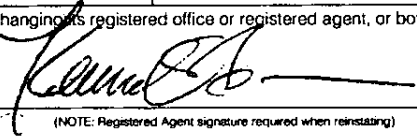



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000007085 1. Entity Name COUNTRY LAKE HOMEOWNERS' ASSOCIATION, INC.						FILED 08 OCT 14 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1750 W BROADWAY ST STE 220 OVIEDO, FL 32765 US				Mailing Address POST OFFICE BOX 620368 OVIEDO, FL 32762 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 22-3873785		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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			
DAVIS, KEVIN 1750 W BROADWAY ST STE 220 OVIEDO, FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">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 KEVIN M. DAVIS <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>		09/17/2008 <small>DATE</small>	
Amended AR is \$61.25		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	P BEDNARCZYK, BEATA 3138 LEE SHORE LOOP ORLANDO, FL 32820	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON CANTY 17161 LONGBOAT LN. ORLANDO, FL 32820	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, YOLANDA 3036 LEE SHORE LOOP ORLANDO, FL 32820	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEVIN BRYDEN 2830 LEE SHORE LOOP ORLANDO, FL 32820	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASLEY, DAVID 3207 LEE SHORE LOOP ORLANDO, FL 32820	<input type="checkbox"/> Delete		300137175973 10/22/08--01048--015 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANTY, RON 17161 LONG BOAT LANE ORLANDO, FL 32820	<input checked="" 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 SMITH, GARY 3018 LEE SHORE LOOP ORLANDO, FL 32820	<input checked="" 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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	