

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02330 (1)

1. Corporation Name

COUNTRY LAKES VILLAGE ASSOCIATION, INC.



Principal Place of Business

5700 BAYSHORE RD #1035
PALMETTO FL 34221

Mailing Address

5700 BAYSHORE RD #1035
PALMETTO FL 34221

3. Date Incorporated or Qualified
04/02/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2507666

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, SIGRID M.
5700 BAYSIDE RD
STE 1035
PALMETTO FL 34221

81 Name *Sharp, Thelma L.*
82 Street Address (P.O. Box Number is Not Acceptable)
5700 Bayshore Rd
83 *STE 1035*
84 City *Palmetto* FL 85 Zip Code *34221*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *SHARP, THELMA L.*

Thelma L. Sharp

4-1-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME WEAVER, DON
STREET ADDRESS 5700 BAYSHORE RD #610
CITY-ST-ZIP PALMETTO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME R.D.
1.3 STREET ADDRESS SIGRID PETERSON
1.4 CITY-ST-ZIP 5700 BAYSHORE RD #602
PALMETTO, FL 34221

TITLE ☒ DELETE
NAME LOVE, MARK L.
STREET ADDRESS 5700 BAYSHORE RD. #337
CITY-ST-ZIP PALMETTO FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME V.D.
2.3 STREET ADDRESS BILL NOLING
2.4 CITY-ST-ZIP 5700 BAYSHORE RD #208
PALMETTO, FL 34221

TITLE ☐ DELETE
NAME HANNAH, NATE
STREET ADDRESS 5700 BAYSHORE RD #415
CITY-ST-ZIP PALMETTO FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME S.D. SHIRLEY NYR
3.3 STREET ADDRESS 5700 BAYSHORE RD #600
3.4 CITY-ST-ZIP PALMETTO, FL 34221

TITLE ☒ DELETE
NAME WARMER, LAWRENCE R.
STREET ADDRESS 5700 BAYSHORE RD #542
CITY-ST-ZIP PALMETTO FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME T.D.
4.3 STREET ADDRESS THELMA L. SHARP
4.4 CITY-ST-ZIP 5700 BAYSHORE RD #349
PALMETTO, FL 34221

TITLE ☐ DELETE
NAME PETERSON, SIGRID
STREET ADDRESS 5700 BAYSHORE RD #602
CITY-ST-ZIP PALMETTO FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D.
5.3 STREET ADDRESS WALTER SIMMS
5.4 CITY-ST-ZIP 5700 BAYSHORE RD #250
PALMETTO, FL 34221

TITLE ☒ DELETE
NAME KNAPP, W. H.
STREET ADDRESS 5700 BAYSHORE RD #542
CITY-ST-ZIP PALMETTO FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D.
6.3 STREET ADDRESS NATE HANNAH
6.4 CITY-ST-ZIP 5700 BAYSHORE RD #415
PALMETTO, FL 34221

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thelma L. Sharp* THELMA L. SHARP

4-1-96

941-729-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)