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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
5700 BAYSHORE RD #1035 5700 BAYSHORE RD #1035
PALMETTO FL 34221 PALMETTO FL 34221-8361

3. Date Incorporated or Qualified 04/02/1984 3a. Date of Last Report 04/04/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SHARP, THELMA L. 5700 BAYSIDE RD STE 1035 PALMETTO FL 34221
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VD
NAME	WEAVER, DON	1.2 NAME	BILL JOLLY
STREET ADDRESS	5700 BAYSHORE RD #610	1.3 STREET ADDRESS	5700 BAYSHORE RD #221
CITY - ST - ZIP	PALMETTO FL	1.4 CITY - ST - ZIP	PALMETTO, FL
TITLE	VD	2.1 TITLE	SD
NAME	NOLINE, BILL	2.2 NAME	AUDREY TOUCHETTE
STREET ADDRESS	5700 BAYSHORE RD, #208	2.3 STREET ADDRESS	5700 BAYSHORE RD #900
CITY - ST - ZIP	PALMETTO FL	2.4 CITY - ST - ZIP	PALMETTO, FL
TITLE	D	3.1 TITLE	3
NAME	HANNAH, NATE	3.2 NAME	BOB HARRIS
STREET ADDRESS	5700 BAYSHORE RD #415	3.3 STREET ADDRESS	5700 BAYSHORE RD #341
CITY - ST - ZIP	PALMETTO FL	3.4 CITY - ST - ZIP	PALMETTO, FL
TITLE	SD	4.1 TITLE	
NAME	NYE, SHIRLEY	4.2 NAME	
STREET ADDRESS	5700 BAYSHORE RD, #600	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	
NAME	PETERSON, SIGRID	5.2 NAME	
STREET ADDRESS	5700 BAYSHORE RD #602	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL	5.4 CITY - ST - ZIP	
TITLE	TD	6.1 TITLE	
NAME	SHARP, THELMA L.	6.2 NAME	
STREET ADDRESS	5700 BAYSHORE RD, #349	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALMETTO FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Signature, typed or printed name of signing officer or director DATE 3-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0062284

CR2E037 (9/96)