


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02330

1. Corporation Name

COUNTRY LAKES VILLAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5700 BAYSHORE RD #1035
PALMETTO FL 34221

5700 BAYSHORE RD #1035
PALMETTO FL 34221



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/02/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2507666	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SHARP, THELMA L.
5700 BAYSIDE RD
STE 1035
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name **LES MCCAIN**
 82 Street Address (P.O. Box Number is Not Acceptable) **#1035**
5700 BAYSHORE RD
 83
 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 **LES MCCAIN TREASURER** **Les McCain** 1-26-99
 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	D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, BOB	1.2 NAME	LES MCCAIN
STREET ADDRESS	5700 BAYSHORE RD SUITE 325	1.3 STREET ADDRESS	5700 BAYSHORE RD. #218
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARBOUR, FRED	2.2 NAME	LARRY ANDREWS
STREET ADDRESS	5700 BAYSHORE RD SUITE 525	2.3 STREET ADDRESS	5700 BAYSHORE RD. #324
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RICAMORE, ED	3.2 NAME	
STREET ADDRESS	5700 BAYSHORE RD SUITE 246	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JOLLY, BILL	5.2 NAME	
STREET ADDRESS	5700 BAYSHORE RD SUITE 221	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE **LES MCCAIN TREASURER** **Les McCain** 1-26-99 941-7295228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)