


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90015 024 ****61.25

DOCUMENT # N05000002139 1. Entity Name COUNTRY WALK LANE PHASE III HOME OWNERS ASSOCIATION, INC					
Principal Place of Business 6002 COUNTRY WALK LANE WINTER HAVEN, FL 33880			Mailing Address P.O. BOX 2008 EAGLE LAKE, FL 33889		
2. Principal Place of Business - No P.O. Box # 6018 Country Walk Lane		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Haven FL		City & State		4. FEI Number 81-0667969	
Zip 33880		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSCH, KELLY 6018 COUNTRY WALK LANE WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Kelly Rusch</u> DATE <u>3-13-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PRES RUSCH, KELLY 6018 COUNTRY WALK LANE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENDELL, TIMOTHY 6020 COUNTRY WALK LANE WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES REECE, DORIS 6027 CANTRY WALK LN WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BLEVIAS, SHELIA 6003 COUNTRY WALK LANE WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WENDELL, JAMES 6020 COUNTRY WALK LANE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASON, LAURA 6021 COUNTRY WALK LANE WINTER HAVEN, FL 33880	<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: <u>Kelly Rusch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-13-08</u> Daytime Phone # <u>(863) 299-5256</u>		