

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002139

FILED
Mar 31, 2009
Secretary of State

Entity Name: COUNTRY WALK LANE PHASE III HOME OWNERS ASSOCIATION, INC

Current Principal Place of Business:

6018 COUNTRY WALK LANE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2008
EAGLE LAKE, FL 33889

New Mailing Address:

FEI Number: 81-0667969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSCH, KELLY
6018 COUNTRY WALK LANE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RUSCH, KELLY
Address: 6018 COUNTRY WALK LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: WENDELL, TIMOTHY
Address: 6020 COUNTRY WALK LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TRES () Delete
Name: REECE, DORIS
Address: 6027 COUNTRY WALK LN
City-St-Zip: WINTER HAVEN, FL 33880

Title: DIR () Delete
Name: BLEVIAS, SHELIA
Address: 6003 COUNTRY WALK LANE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Delete
Name: NASON, LAURA
Address: 6021 COUNTRY WALK LANE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: REECE, DORIS
Address: 6027 COUNTRY WALK LN
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA NASON

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date