2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90018 002 ****70.00

DOCUMENT # N0500009586 1. Entity Name COUNTRY WALK OF LAKE REGION HOMEOWNERS ASSOCIATION, INC.				40036049				
Principal Place of Business Mailing Address 5754 SR 542 W, SUITE 4 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880							vel si lesi	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 110 Country leal K Country leal K Country								
	Suite, Apt. #, etc.			02212007	Chg-NP	CR2E037	·	
	City & State 2 ale Lake	FL		4. FEI Number 16-1743			No	plied For t Applicable
Zip Country 33839 USA 3	Zip 33839	US A			f Status Desired	F	8.75 Add ee Required	
6. Name and Address of Current Registe	ered Agent	Name		7. Name and A	ddress of New Ro	egistered Ag	ent	
BAXTER, HAROLD R				nerry Henry				
5754 SR 542 W, SUITE 4 WINTER HAVEN, FL 33880				P.O. Box Number is Not Acceptable) Coxytry Worlk (www.				
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		City	مصله	Lake		FL	Zip Code	<u>ප්</u>
The above named entity submits this statement for the put the obligations of registered agent.	urpose of changing its req	gistered office or	r registere	ed agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE Signature. Typed or printed name of regulared agent and title if	applicable. (NOTE Re	egistered Agent signati	ure required :	when reinstating)	ها تــــــــــــــــــــــــــــــــــــ	a lot		<u>-</u>
Filing Fee is \$61.25 Due by May 1, 2007				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTOR		11,	A A	DDITIONS/CHA	NGES TO OFFICER			
TITLE DIR NAME BAXTER, H R STREET ADDRESS 5754 SR 542 WEST SUITE 4 CITY-SI-ZIP WINTER HAVEN, FL 33880	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.		A PART	<i>f</i>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	TT PAIL	Sipent THORP Mckay 1 L. 3360	ave	☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	Sher	easurer my Henn Counting le Late	3 Would Con FL 338		Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 677	reterns et 0' Don Country te Louke	mel(, walk (,FL 3383	truci	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Heat	Presido her Chr Countr	n+	سر	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true at	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE EXEMPTIONS OF	ontained	in Chapter 119	Florida Statutes 1		Change	☐ Addition

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 Date 503 294-1162 Daytime Phone #