

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90059 004 ****61.25

DOCUMENT # N05000009586					
1. Entity Name COUNTRY WALK OF LAKE REGION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 710 COUNTRY WALK COVE EAGLE LAKE, FL 33839			Mailing Address 710 COUNTRY WALK COVE EAGLE LAKE, FL 33839		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1743955	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, SHERRY 710 COUNTRY WALK COVE EAGLE LAKE, FL 33839			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>Sherry Henry</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>2/20/08</u> <small>(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 P NAME PALITHORP, SCOTT STREET ADDRESS 4103 W. MCKAY AVE. CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE P NAME Heather Christman STREET ADDRESS 742 Country Walk Cove CITY-ST-ZIP Eagle Lake, FL 33839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HENRY, SHERRY STREET ADDRESS 710 COUNTRY WALK COVE CITY-ST-ZIP EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete		TITLE T NAME Sherry Henry STREET ADDRESS 710 Country Walk Cove CITY-ST-ZIP Eagle Lake, FL 33839	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME O'DONNELL, JANET STREET ADDRESS 677 COUNTRY WALK COURT CITY-ST-ZIP EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete		TITLE S NAME Janet O'Donnell STREET ADDRESS 677 Country Walk Court CITY-ST-ZIP Eagle Lake, FL 33839	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CHRISTMAN, HEATHER STREET ADDRESS 742 COUNTRY COVE CITY-ST-ZIP EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete		TITLE VP NAME John Shamp STREET ADDRESS 745 Country Walk Cove CITY-ST-ZIP Eagle Lake, FL 33839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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>Sherry Henry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2/20/08</u> (863) 294-1162 <small>Date Daytime Phone #</small>		