2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009586

FILED Apr 26, 2009 Secretary of State

Entity Name: COUNTRY WALK OF LAKE REGION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 710 COUNTRY WALK COVE EAGLE LAKE, FL 33839 **Current Mailing Address: New Mailing Address:** 710 COUNTRY WALK COVE EAGLE LAKE, FL 33839 FEI Number: 16-1743955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENRY, SHERRY 710 COUNTRY WALK COVE EAGLE LAKE, FL 33839 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CHRISTMAN, HEATHER Name: ELLIS, BARRETT Name: 742 CTRY WALK COVE Address: 713 COUNTRY WALK COVE Address: City-St-Zip: EAGLE LAKE, FL 33839 City-St-Zip: EAGLE LAKE, FL 33839 Title: () Delete Title: () Change () Addition HENRY, SHERRY Name: Name: Address: 710 COUNTRY WALK COVE Address: City-St-Zip: EAGLE LAKE, FL 33839 City-St-Zip: Title: () Delete Title: () Change () Addition O'DONNELL, JANET Name: Name: 677 COUNTRY WALK COURT Address: Address: City-St-Zip: EAGLE LAKE, FL 33839 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition CHRISTMAN, HEATHER Name: Name: 742 COUNTRY COVE Address: Address: City-St-Zip: EAGLE LAKE, FL 33839 City-St-Zip: Title: (X) Delete Title: () Change () Addition HENRY, SHERRY Name: Name: 710 CENTRY WALK COVE Address: Address: City-St-Zip: EAGLE LAKE, FL 33839 City-St-Zip: Title: (X) Delete Title: () Change () Addition O'DONNELL, JANET Name: Name: Address: 677 CTRY WALK CT Address: EAGLE LAKE, FL 33839 City-St-Zip: 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: SHERRY HENRY T 04/26/2009