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May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06318 (2)

1. Corporation Name

COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1586 LAWDALE CIRCLE
P.O. BOX 503
GOLDENROD FL 327331586 LAWDALE CIRCLE
P.O. BOX 503
GOLDENROD FL 32733-05033. Date Incorporated or Qualified
11/26/19843a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTON, MICHAEL
1586 LAWDALE CIRCLE
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☐ DELETENAME LITTLE, SUSAN M
STREET ADDRESS 1578 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FLTITLE VP ☐ DELETENAME HOLADAY, KENT
STREET ADDRESS 1597 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FLTITLE S ☒ DELETENAME MASSA, JERRY
STREET ADDRESS 1488 AUBURN GREEN LOOP
CITY-ST-ZIP WINTER PARK FLTITLE D ☒ DELETENAME MC LEOD, BILL
STREET ADDRESS 1632 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FLTITLE D ☒ DELETENAME MACQUILLIVRAY, ROXANNE
STREET ADDRESS 1556 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FLTITLE D ☒ DELETENAME DEACON, JACK
STREET ADDRESS 1580 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☒

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan Little 4-11-97 (407) 629-0113

CR2E037 (9/96)