

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90142 043 ****61.25

DOCUMENT # N06318

1. Entity Name

COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1586 LAWDALE CIRCLE
P.O. BOX 503
GOLDENROD FL 32733

1586 LAWDALE CIRCLE
P.O. BOX 503
GOLDENROD FL 32733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JOE
1614 LAWDALE CIRCLE
WINTER PARK FL 32792

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, JANET	
STREET ADDRESS	1634 LAWDALE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, MICHAEL	
STREET ADDRESS	1586 LAWDALE CIR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH T	
STREET ADDRESS	1614 LAWDALE CIR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROUILLARD, PAULA	
STREET ADDRESS	1541 LAWDALE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT	
STREET ADDRESS	1543 LAWDALE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATHER, JOHN	
STREET ADDRESS	1632 LAWDALE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, JANET	
STREET ADDRESS	1634 LAWDALE CIRCLE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Preston, Michael	
STREET ADDRESS	1586 Lawdale Cir	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krise, Benny	
STREET ADDRESS	1636 Lawndale Circle	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Gutierrez	
STREET ADDRESS	1630 Lawndale Circle	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Cather	
STREET ADDRESS	1632 Lawndale Circle	
CITY-ST-ZIP	Winter Park, FL 32792	

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)