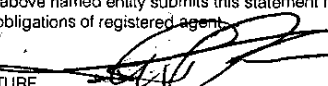
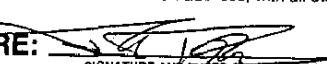


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90290 017 ****61.25

DOCUMENT # N06318 1. Entity Name COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1586 LAWDALE CIRCLE P.O. BOX 503 GOLDENROD, FL 32733		Mailing Address 1586 LAWDALE CIRCLE P.O. BOX 503 GOLDENROD, FL 32733	
2. Principal Place of Business 1627 Lawndale Circle Suite, Apt. #, etc. PO Box 503 City & State Goldenrod, FL Zip 32733 Country USA		3. Mailing Address 1627 Lawndale Circle Suite, Apt. #, etc. PO Box 503 City & State Goldenrod, FL Zip 32733 Country USA	
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 DUKE, DANNA G 1626 LAWDALE CR WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Frank T. Logiudice Street Address (P.O. Box Number is Not Acceptable) 1627 Lawndale Circle City Winter Park FL Zip Code 32792	
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  DATE 3-18-04 (Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	P DUKE, DANNA G 1626 LAWDALE CR. WINTER PARK, FL 32792 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank T. Logiudice 1627 Lawndale Circle Winter Park, FL 32792 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASSA, GERALD 1468 AUBURN GREEN LOOP WINTER PARK, FL 32792 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph T. Johnson 1614 Lawndale Circle Winter Park, FL 32792 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSE, ANNE MARIE 1456 AUBURN GREEN LOOP WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anne Marie Rose 1456 Auburn Green Loop Winter Park, FL 32792 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, KIM 1448 AUBURN GREEN LOOP WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Doug Burch 1500 Lawndale Circle Winter Park, FL 32792 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, WILLIAM 1630 LAWDALE CIRCLE WINTER PARK, FL 32792 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Myles 1633 Lawndale Circle Winter Park, FL 32792 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYLES, DARBAZA 1633 LAWDALE CR. WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Myles 1633 Lawndale Circle Winter Park, FL 32792 ☒ Change ☐ Addition
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: 		3-18-04 407-823-2445 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			