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	Mailing Address
1586 LAWNDALE CIRCLE P.O. BOX 503 GOLDENROD, FL 32733	1586 LAWNDALE CIRCLE P.O. BOX 503 GOLDENROD, FL 32733

03172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1627 Lawndale Circle	1627 Lawndale Circle
Suite, Apt. #, etc.: PO Box 503	Suite, Apt. #, etc.: PO Box 503
City & State: Goldenrod, FL	City & State: Goldenrod, Fl
Zip: 32733- Country: USA	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 LAWNDALE 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 _____ 3-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 LAWNDALE 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, WILLIAM 1630 LAWNDALE CIRCLE WINTER PARK, FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Doug Burch 1500 Lawndale Circle Winter Park, FL 32792	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYLES, DARBAZA 1633 LAWNDALE 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: _____ 3-18-04 407-823-2495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #