


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90332 044 ****61.25

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # N06318 1. Entity Name COUNTRY LANE HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1627 LAWDALE CIR. P.O. BOX 503 GOLDENROD FL 32733 | | | | Mailing Address 1627 LAWDALE CIR. 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 | | 4. FEI Number NO-T APPLICABLE | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LOGIUDICE, FRANK T 1627 LAWDALE CIR. WINTER PARK FL 32792 | | | | Name Joseph T Johnson Street Address (P.O. Box Number is Not Acceptable) 1614 Lawdale 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 <u><i>Joseph T Johnson</i></u> Joseph T Johnson DATE <u><i>4/13/05</i></u> 4/13/05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LOGIUDICE, FRANK T | NAME | | | |
| STREET ADDRESS | 1627 LAWDALE CIR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | CITY-ST-ZIP | | | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JOHNSON, JOSEPH T | NAME | President Joseph T Johnson | | |
| STREET ADDRESS | 1614 LAWDALE CIR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | CITY-ST-ZIP | | | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ROSE, ANNE MARIE | NAME | | | |
| STREET ADDRESS | 1456 AUBURN GREEN LOOP | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GARRETT, KIM | NAME | Secretary KIM Garrett | | |
| STREET ADDRESS | 1448 AUBURN GREEN LOOP | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BURCH, DOUG | NAME | VP President Burch Doug | | |
| STREET ADDRESS | 1500 LAWDALE CIR. | STREET ADDRESS | 1609 Lawdale Cir | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | CITY-ST-ZIP | Winter Park FL 32792 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MYLES, BARBARA | NAME | | | |
| STREET ADDRESS | 1633 LAWDALE CR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | CITY-ST-ZIP | | | |
| 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: <u><i>Joseph T Johnson</i></u> Joseph T Johnson | | | | Date <u><i>4/13/05</i></u> 4/13/05 Daytime Phone # <u><i>407 677 5927</i></u> 407 677 5927 | |