2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90031 017 ****61.25

DOCUMENT # N06318

1. Entity Name

COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1448 AUBURN GREEN LOOP P.O. BOX 503 GOLDENROD FL 32733	1448 AUBURN GREEN LOOP P.O. BOX 503 GOLDENROD FL 32733

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1550 Lawndale Circle	1550 Lawndale Circle
Suite, Apt. #, etc.: P.O. Box 503	Suite, Apt. #, etc.: P.O. Box 503
City & State: Goldenrod, FL 32733	City & State: Goldenrod, FL 32733
Zip / Country: USA	Zip / Country: USA

4. FEI Number: NO-T 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
~~GARRETT, KIMBERLY~~ 1448 AUBURN GREEN LOOP WINTER PARK FL 32792	Name: FREDERIC STANLEY, JR., Esquire Street Address (P.O. Box Number is Not Acceptable): 260 MAITLAND AVENUE, Suite 1500 City: ALTAMONTE SPRINGS FL Zip Code: 32701

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 _____ 4-25-07
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
Due By May 1, 2007

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 GARRETT, KIMBERLY 1448 AUBURN GREEN LOOP WINTER PARK FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Douglas C. White P.O. Box 503 Goldenrod, FL 32733	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSE, ANNE MARIE 1456 AUBURN GREEN LOOP WINTER PARK FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John Zanier P.O. Box 503 Goldenrod, FL 32733	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEWART, AMANDA 1546 LAWNDALE CIRCLE WINTER PARK FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jon Jones P.O. Box 503 Goldenrod, FL 32733	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURCH, DOUG 1600 LAWNDALE CIR WINTER PARK FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Doug Burch P.O. Box 503 Goldenrod, FL 32733	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, DOUGLAS 1550 LAWNDALE CR. WINTER PARK FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Amanda Stewart P.O. Box 503 Goldenrod, FL 32733	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANWAGNER, JENNIFER 1586 LAWNDALE CIRCLE WINTER PARK FL 32792	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tom Garrett P.O. Box 503 Goldenrod, FL 32733	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ Douglas C. White 04/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #