2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2008
Secretary of State

DOCUMENT# N06318

Entity Name: COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1500 LAWNDALE CIRCLE
P.O. BOX 503
GOLDENROD, FL 32733

New Principal Place of Business:

1550 LAWNDALE CIRCLE
WINTER PARK, FL 32792

Current Mailing Address:

1500 LAWNDALE CIRCLE
P.O. BOX 503
GOLDENROD, FL 32733

New Mailing Address:

P. O. BOX 503
WINTER PARK, FL 32733

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANLEY, FREDERIC JR ESQ
260 MAITLAND AVENUE, SUITE 1500
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: ZANIER, JOHN
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: VP ( ) Delete
Name: JONES, JON
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: D ( ) Delete
Name: STEWART, AMANDA
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: D ( ) Delete
Name: BURCH, DOUG
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: P ( ) Delete
Name: WHITE, DOUGLAS
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: D (X) Delete
Name: GARNETT, TOM
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITE, DOUGLAS
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: VP (X) Change ( ) Addition
Name: ZANIER, JOHN
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GARRETT, TOM
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: P (X) Change ( ) Addition
Name: FREEMAN, CAROLYN
Address: P.O. BOX 503
City-St-Zip: GOLDENROD, FL 32733

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS C. WHITE P 03/29/2008

Electronic Signature of Signing Officer or Director — Date