

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06318

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1614 LAWNSDALE CIRCLE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 503  
GOLDENROD, FL 32773

**New Mailing Address:**

**FEI Number:** 59-2740693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, JOSEPH  
1614 LAWNSDALE CIRCLE  
WINTER PARK, FL 32792 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: VP  
Name: JOHNSON, JOSEPH  
Address: P.O. BOX 503  
City-St-Zip: GOLDENROD, FL 32733

Title: T  
Name: JONES, JON  
Address: P.O. BOX 503  
City-St-Zip: GOLDENROD, FL 32733

Title: S  
Name: HOLLMAN, MARY ANN  
Address: P.O. BOX 503  
City-St-Zip: GOLDENROD, FL 32733

Title: P  
Name: SJOBERG, LORI  
Address: P.O. BOX 503  
City-St-Zip: GOLDENROD, FL 32733

Title: DIR  
Name: SMITH, KRISTI  
Address: P.O. BOX 503  
City-St-Zip: GOLDENROD, FL 32733

I hereby 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 all other like empowered.

SIGNATURE: LORI SJOBERG

P

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date