2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06318

FILED Mar 20, 2012 Secretary of State

Entity Name: COUNTRY LANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1614 LAWNDALE CIRCLE 1595 LAWNDALE CIRCLE WINTER PARK, FL 32792 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

P.O. BOX 503

GOLDENROD, FL 32773

FEI Number: 59-2740693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNSON, JOSEPH

1614 LAWNDALE CIRCLE
WINTER PARK, FL 32792 US

JONES, JON
1595 LAWNDALE CIRCLE
WINTER PARK, FL 32792 US

WINTER PARK, FL 32792 US

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: JON JONES 03/20/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: JOHNSON, JOESEPH 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: VP

 Name:
 LOGIUDICE, FRANK

 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

Title: DIR

 Name:
 CLOUD, ANTHONY K

 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: FRANK LOGIUDICE VP 03/20/2012