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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06776**

1. Corporation Name

COUNTRY LAKE CONDOMINIUM OWNER'S ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
100 COUNTRY LANE NE WINTER HAVEN FL 33881-2647	100 COUNTRY LANE NE WINTER HAVEN FL 33881-2647

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/21/1984
4. FEI Number: 59-2491259 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. *Name and Address of Current Registered Agent*

YOUNG, NEAL E.
300 THIRD ST NW
,
WINTER HAVEN FL 33880

10. *Name and Address of New Registered Agent*

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FEIT, BERNADETTE		1.2 NAME	Feit, Bernadette	
STREET ADDRESS	205 COUNTRY LN NE		1.3 STREET ADDRESS	205 Country Ln, NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	Winter Haven, Fl 33881	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, PAT		2.2 NAME		
STREET ADDRESS	608 COUNTRY LANE NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	YOUNG, NEALE E		3.2 NAME	Gregory P. Kent	
STREET ADDRESS	605 COUNTRY LANE NE		3.3 STREET ADDRESS	206 Country Lane, NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4 CITY-ST-ZIP	Winter Haven, Fl 33881	
TITLE	BM	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, YVONNE		4.2 NAME		
STREET ADDRESS	2520 LOT A FUN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FEIT, LARRY		5.2 NAME		
STREET ADDRESS	205 COUNTRY LN NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	BM	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	ATKINSON, FRED		6.2 NAME	ATKINSON, Fred	
STREET ADDRESS	608 COUNTRY LN NE		6.3 STREET ADDRESS	608 Country Ln, NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881		6.4 CITY-ST-ZIP	Winter Haven, Fl 33881	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] **REQUIRED** 1/17/99 941-291-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #