

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06776

1. Entity Name

COUNTRY LAKE CONDOMINIUM OWNER'S ASSOCIATION, IN

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2491259

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

YOUNG, NEAL E.
300 THIRD ST NW

WINTER HAVEN FL 33880

Name: Gregory P. Kent
Street Address (P.O. Box Number is Not Acceptable)
206 Country Lane, NE

City: Winter Haven FL Zip Code: 33881

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.

SIGNATURE

Gregory P. Kent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: FEIT, BERNADETTE
STREET ADDRESS: 205 COUNTRY LN NE
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: SD ☐ Delete
NAME: ATKINSON, PAT
STREET ADDRESS: 608 COUNTRY LANE NE
CITY-ST-ZIP: WINTER HAVEN FL

TITLE: PD ☐ Delete
NAME: KENT, GREGORY P
STREET ADDRESS: 206 COUNTRYLANE NE
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: VP ☐ Delete
NAME: FEIT, LARRY
STREET ADDRESS: 205 COUNTRY LN NE
CITY-ST-ZIP: WINTER HAVEN FL

TITLE: VD ☐ Delete
NAME: ATKINSON, FRED
STREET ADDRESS: 608 COUNTRY LN NE
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Director ☐ Change ☒ Addition
NAME: DON OWENS
STREET ADDRESS: 701 COUNTRY LANE, NE
CITY-ST-ZIP: WINTER HAVEN, FL 33881

12. 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 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:

Gregory P. Kent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2000
Date

Daytime Phone #