# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 16, 2002 8:00 am**
**Secretary of State**
01-16-2002 90271 020 ****70.00

DOCUMENT # N06776

1. Entity Name

COUNTRY LAKE CONDOMINIUM OWNER'S ASSOCIATION, IN C.

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

DO NOT WRITE IN THIS SPACE

| 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 |
|---|---|
| ATKINSON, FRED S<br>608 COUNTRY LANE NE<br>WINTER HAVEN FL 33881 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FEIT, BERNADETTE<br>205 COUNTRY LN NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC.<br>Ann Owen<br>701 Country Lane NE<br>Winter Haven, Fl. 33881 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARKER, JOANN<br>601 COUNTRY LANE NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORMAN, MARY<br>604 COUNTRY LANE NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FEIT, LARRY<br>205 COUNTRY LN NE<br>WINTER HAVEN FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ATKINSON, FRED<br>608 COUNTRY LN NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OWENS, DON<br>701 COUNTRY LN NE<br>WINTER HAVEN FL 33881 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Fred S Atkinson Fred S Atkinson 1-9-02 863 295 9338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #