

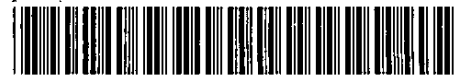
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90029 035 ****61.25

DOCUMENT # N06776	
1. Entity Name COUNTRY LAKE CONDOMINIUM OWNER'S ASSOCIATION, INC.	

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



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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 OWENS, ANN C 701 COUNTRY LANE NE WINTER HAVEN FL 33881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature is required when reinstating)

DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

CK# 1131

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, ANN 701 COUNTRY LANE NE WINTER HAVEN FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEA DEASE 702 COUNTRY LANE NE W/H 33881 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOANN 601 COUNTRY LANE NE WINTER HAVEN FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LESLIE MAMROSH 703 COUNTRY LANE NE W/H 33881 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARY, ROY 708 COUNTRY LANE NE WINTER HAVEN FL 33881 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARY, JANICE 708 COUNTRY LANE NE WINTER HAVEN FL 33881 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATKINSON, PAT 608 COUNTRY LANE NE WINTER HAVEN FL 33881 ☒ Delete <i>Change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Atkinson 608 Country Lane NE Winter Haven, FL 33881 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, DON 701 COUNTRY LANE NE WINTER HAVEN FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ann C. Owens*