2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N06776

Entity Name: COUNTRY LAKE CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

100 COUNTRY LANE NE
WINTER HAVEN, FL 338812647

New Principal Place of Business:

Current Mailing Address:

100 COUNTRY LANE NE
WINTER HAVEN, FL 338812647

New Mailing Address:

FEI Number: 59-2491259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, ANN C
701 COUNTRY LANE NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEASE, LEA
Address: 702 COUNTRY LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: MAMROSH, LESLIE
Address: 703 COUNTRY LN NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD ( ) Delete
Name: ATKINSON, PAT
Address: 608 COUNTRY LANE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: OWENS, DON
Address: 701 COUNTRY LN NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES ( ) Change (X) Addition
Name: PARKER, JOANN
Address: 601 COUNTRY LN. NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Change (X) Addition
Name: WELLS, DIANE
Address: 404 COUNTRY LN. NE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: E. JOANN PARKER PRES 01/14/2009

Electronic Signature of Signing Officer or Director — Date