FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25993 (9)

1. Corporation Name

COUNTRY LAKES VILLAGE HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
5700 BAYSHORE ROAD SUITE 1035 PALMETTO FL 34221	5700 BAYSHORE ROAD SUITE 1035 PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1988
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0142248 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WARNER, LAWERENCE R.
5700 BAYSHORE RD.
STE 1035
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: Peterson, Sigrid M.
82 Street Address (P.O. Box Number is Not Acceptable): 5700 Bayshore R.D
83: STE 1035
84 City: Palmetto FL 85 Zip Code: 34221

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: PETERSON, Sigaid M — Sigrid M Peterson — 4/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~PROGOVITZ, FRANK~~	1.2 NAME	Don Weaver	
STREET ADDRESS	~~5700 BAYSHORE #538~~	1.3 STREET ADDRESS	5700 Bayshore Rd #610	
CITY-ST-ZIP	~~PALMETTO FL~~	1.4 CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LOVE, MARK .	2.2 NAME		
STREET ADDRESS	5700 BAYSHORE RD #337	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP		
TITLE	~~PD~~	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	~~NACK, WILLIAM~~	3.2 NAME	Nate Hannah	
STREET ADDRESS	~~5700 BAYSHORE DR #612~~	3.3 STREET ADDRESS	5700 Bayshore Rd #415	
CITY-ST-ZIP	~~PALMETTO FL~~	3.4 CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	~~TD~~	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	WARNER, LAWRENCE R.	4.2 NAME	Sigrid Peterson	
STREET ADDRESS	5700 BAYSHORE RD #320	4.3 STREET ADDRESS	5700 Bayshore Rd #602	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	Palmetto, FL. 34221	
TITLE	~~D~~	5.1 TITLE		☒ Change ☐ Addition
NAME	~~JOLLY, JANET M~~	5.2 NAME	Larry Warner	
STREET ADDRESS	~~5700 BAYSHORE #221~~	5.3 STREET ADDRESS	5700 Bayshore Rd #320	
CITY-ST-ZIP	~~PALMETTO FL~~	5.4 CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	KNAPP, W.H.	6.2 NAME		
STREET ADDRESS	5700 BAYSHORE RD #542	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sigrid Peterson — SIGRID PETERSON — 4/25/95 — (813) 722-8453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6043408