FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 04/20/1988

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETERSON, SIGRID M.
5700 BAYSHORE RD
STE 1035
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name: Sharp, Thelma L.

82 Street Address (P.O. Box Number is Not Acceptable): 5700 Bayshore Rd

83: Ste. 1035

84 City: Palmetto, FL 85 Zip Code: 34221

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: SHARP, THELMA L. — Signature, typed or printed name of registered agent and title if applicable

Thelma L. Sharp — (NOTE: Registered Agent signature required when reinstating)

DATE: 4-1-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WEAVER, DON		1.2 NAME	SIGRID PETERSON	
STREET ADDRESS	5700 BAYSHORE RD #610		1.3 STREET ADDRESS	5700 BAYSHORE RD #602	
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VD	☒ DELETE	2.1 TITLE	V.D.	☐ Change ☒ Addition
NAME	LOVE, MARK .		2.2 NAME	BILL NOLING	
STREET ADDRESS	5700 BAYSHORE RD #337		2.3 STREET ADDRESS	5700 BAYSHORE RD #208	
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	PD	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	HANNAH, NATE		3.2 NAME	SHIRLEYNYE	
STREET ADDRESS	5700 BAYSHORE RD #415		3.3 STREET ADDRESS	5700 BAYSHORE RD #600	
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	☐ DELETE	4.1 TITLE	TD.	☐ Change ☒ Addition
NAME	PETERSON, SIGRID		4.2 NAME	THELMA L. SHARP	
STREET ADDRESS	5700 BAYSHORE RD #602		4.3 STREET ADDRESS	5700 BAYSHORE RD #349	
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	P	☒ DELETE	5.1 TITLE	D.	☐ Change ☒ Addition
NAME	WARNER, LARRY		5.2 NAME	WALTER SIMMS	
STREET ADDRESS	5700 BAYSHORE RD #320		5.3 STREET ADDRESS	5700 BAYSHORE RD #250	
CITY-ST-ZIP	PALMETTO FL		5.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	SD	☒ DELETE	6.1 TITLE	D.	☒ Change ☐ Addition
NAME	KNAPP, W.H.		6.2 NAME	NATE HANNAH	
STREET ADDRESS	5700 BAYSHORE RD #542		6.3 STREET ADDRESS	5700 BAYSHORE RD #415	
CITY-ST-ZIP	PALMETTO FL		6.4 CITY-ST-ZIP	PALMETTO, FL 34221	

CR2E037 (12/95)

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)(k), 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: Thelma L. Sharp — THELMA L. SHARP — 4-1-96 — 941-729-6366

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