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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 34221-8361

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

3. Date Incorporated or Qualified: 04/20/1988	3a. Date of Last Report: 04/04/1996
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

SHARP, THELMA L.
5700 BAYSHORE RD
SUITE 1035
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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. Thelma L. Sharp DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	WEAVER, DON		1.2 NAME	BILL JOLLY	
STREET ADDRESS	5700 BAYSHORE RD #610		1.3 STREET ADDRESS	5700 BAYSHORE RD #221	
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	PALMETTO, FL	
TITLE	VD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	NOLINE, BILL		2.2 NAME	AUDREY TOUCHETTE	
STREET ADDRESS	5700 BAYSHORE RD, #208		2.3 STREET ADDRESS	5700 BAYSHORE RD #900	
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP	PALMETTO, FL	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HANNAH, NATE		3.2 NAME	BOB KAISER	
STREET ADDRESS	5700 BAYSHORE RD #415		3.3 STREET ADDRESS	5700 BAYSHORE RD #341	
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP	PALMETTO, FL	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, SIGRID		4.2 NAME		
STREET ADDRESS	5700 BAYSHORE RD #602		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	NYE, SHIRLEY		5.2 NAME		
STREET ADDRESS	5700 BAYSHORE RD, #600		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, THELMA L.		6.2 NAME		
STREET ADDRESS	5700 BAYSHORE RD, #349		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 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: SIGNATURE REQUIRED THELMA L. SHARP Thelma L. Sharp TREASURER 941-729-6364

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

CR2E037 (9/96)