

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90054 034 ****61.25

DOCUMENT # N25993

1. Entity Name

COUNTRY LAKES VILLAGE HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

5700 BAYSHORE ROAD
 SUITE 1035
 PALMETTO FL 34221

Mailing Address

5700 BAYSHORE ROAD
 SUITE 1035
 PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0142248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCAIN, LES
5700 BAYSHORE RD
SUITE 1035
PALMETTO FL 34221

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOLLY, BILL 5700 BAYSHORE RD., #221 PALMETTO FL 34221	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCAIN, LES 5700 BAYSHORE RD #218 PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NYE, SHIRLEY 5700 BAYSHORE RD # 600 PALMETTO FL 34221	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, BOB 5700 BAYSHORE RD., #325 PALMETTO FL 34221	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRETIEN, JOE 5700 BAYSHORE RD # 322 PALMETTO FL 34221	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARBOR, FRED 5700 BAYSHORE RD #525 PALMETTO FL 34221	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, JANET 5700 BAYSHORE RD. # 337 PALMETTO, FL 34221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HAWKINS, CAROL 5700 BAYSHORE RD # 211 PALMETTO, FL 34221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORTON, PAM 5700 BAYSHORE RD. # 345 PALMETTO, FL 34221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HANSON, BOB 5700 BAYSHORE RD # 1009 PALMETTO, FL 34221	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRETEN, JOE 5700 BAYSHORE RD. #322 PALMETTO, FL 34221	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENWOOD, CONNIE 5700 BAYSHORE RD # 818 PALMETTO, FL 34221	☐ Change ☒ Addition

12. I 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 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:

LES MCCAIN
 Les McCain

2-22-01

941-7295228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)