


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90027 023 ****61.25

DOCUMENT # N25993 1. Entity Name COUNTRY LAKES VILLAGE HOMEOWNERS ASSOCIATION, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0142248	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLACK, MARYANN 5700 BAYSHORE RD 1035 PALMETTO, FL 34221				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Maryann Flack</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>1/22/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, GIL 5900 BAYSHORE RD #601 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLACK, MARYANN 5700 BAYSHORE RD #218 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRETREN, JUDY 5700 BAYSHORE RD #322 PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIGER, Audrey 5700 Bayshore Rd #902 Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, GORDON 5700 BAYSHORE RD #520 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARNER, LAWRENCE 5700 BAYSHORE RD #320 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALKINS, LORS 5700 BAYSHORE RD #1010 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Maryann Flack</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>1/22/05</u> <small>Date</small>	
DAYTIME PHONE: <u>941-729-7178</u> <small>Daytime Phone #</small>					

50006929



01052005 Chg-NP CR2E037 (10/03)

DOCUMENT #N25993

COUNTRY LAKES VILLAGE HOMEOWNERS ASSOCIATION INC..

OFFICERS AND DIRECTORS

ADDITION

TITLE D
NAME HUGHES, BETTY
STREET ADDRESS 5700 BAYSHORE RD #243
CITY-ST-ZIP PALMETTO, FL 34221

ADDITION

TITLE D
NAME KUTZMEDA, PEG
STREET ADDRESS 5700 BAYSHORE RD #617
CITY-ST-ZIP PALMETTO, FL 34221

ADDITION

TITLE D
NAME NELLIUS, EARL
STREET ADDRESS 5700 BAYSHORE RD
CITY-ST-ZIP PALMETTO, FL 34221

ATTACHMENT
50006929