


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90073 035 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01292007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0142248				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 Koepeke, Cheryl Street Address (P.O. Box Number is Not Acceptable) 5700 Bayshore Rd. 1035 City Palmetto FL Zip Code 34221		
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 <i>Cheryl Koepeke</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Cheryl Koepeke, Treasurer</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-31-2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	VP RAG, KUTSHEDA 5700 BAYSHORE RD #617 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kutsmada, Peg same same
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" 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	D same same same
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIGER, AUDREY 5700 BAYSHORE ROAD #902 PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D same same same
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, GORDON 5700 BAYSHORE RD #520 PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D same same same
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALKINS, LORS 5700 BAYSHORE RD #1010 PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D same same same
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Sheet				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cheryl Koepeke, Treasurer</i>		<i>Cheryl Koepeke</i>		1-31-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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ATTACHMENT

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Page 2

Document N25993

Country Lakes Village Homeowners Association Inc.

Officers and Directors

TITLE:	D	DELETE
NAME:	Rodrigues, Gil	
STREET ADDRESS:	5700 Bayshore Rd., Lot 601	
CITY-ST-ZIP:	Palmetto, FL 34221	
TITLE:	PD	CHANGE
NAME:	Brasfield, Ken	
STREET ADDRESS:	5700 Bayshore Rd., Lot 1012	
CITY-ST-ZIP:	Palmetto, FL 34221	
TITLE:	SD	ADDITION
NAME:	Ely, Duane	
STREET ADDRESS:	5700 Bayshore Rd., Lot 701	
CITY-ST-ZIP:	Palmetto, FL 34221	
TITLE:	VD	ADDITION
NAME:	Everett, LeRoy	
STREET ADDRESS:	5700 Bayshore Rd., Lot 714	
CITY-ST-ZIP:	Palmetto, FL 34221	
TITLE:	TD	ADDITION
NAME:	Koepke, Cheryl	
STREET ADDRESS:	5700 Bayshore Rd., Lot 1011	
CITY-ST-ZIP:	Palmetto, FL 34221	
NO CHANGE:		
TITLE:	D	NO CHANGE
NAME:	Comenale, Lou	
STREET ADDRESS:	5700 Bayshore Rd., Lot 814	
CITY-ST-ZIP:	Palmetto, FL 34221	
TITLE:	D	NO CHANGE
NAME:	Hroch, Rocky	
STREET ADDRESS:	5700 Bayshore Rd., Lot 1005	
CITY-ST-ZIP:	Palmetto, FL 34221	