## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90043 013 \*\*\*\*61.25

<b>DOCUM</b>	IENT # N	25993	

1. Entity Name **COUNTRY LAKES VILLAGE HOMEOWNERS** 



Principal Place of Business

ASSOCIATION, INC.

Mailing Address

SUITE 1035 SUITE 1035 PALMETTO, FL 34221 PALMETTO, FL 34221													
2. Principal P	lace of Busin	ess - No P.O. Box#	3. Mai	iling Address			· · · · ·						
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.			04072008 Chg-NP CR2E037 (12/06)							
City & State	е		Ci	ty & State	•		<del></del>	4. FEI Numbe 65-014		<del></del>		<del></del>	plied For Applicable
Zip		Country	Zij	p	Cour	ntry		5. Certificate	of Status Des	sired [		8.75 Add	itional
	6. Name	and Address of Current	t Registen	ed Agent				7. Name and	Address of I	New Regis	stered Ag	ent	<del></del>
KOEPKE, 5700 BAYS		) ·				Name Street A	.ddress (	P.O. Box Numbe	er is Not Acce	eptable)			
1035 PALMETT	O EL 342	21			ŀ								<del></del>
PACMETY	O, FE 342	<b>Z</b> 1			-	City	· ··· · · · ·				FL	Zip Code	· · · · · · · · · · · · · · · · · · ·
8. The above	named entity	submits this statement for	or the purp	ose of changing its re	egistere	d office o	r register	ed agent, or bot	th, in the State	of Florida	. I am far	niliar with,	and accept
the obligat	tions of regist	ered agent.					=	_				·	
SIGNATURE.	Signature, typed	or printed name of registered agent	t and title if app	plicable. (NOTE:	Registered	Agent signal	ure required	when reinstating)			DATE		
·····	Elling Fo	e is \$61.25		9. Election Camp	naion Ei	nancina		<b>*</b> E 00 · · ·	<u> </u>	Maka	chack r	payable to	
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TITLE NAME	KUTSMED 5700 BAY	A, PEG	III.COTORIO		TITLE NAME STREE		P, D Ken 5701 Palm		I ore Rd =	+1012	C		
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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 adaptment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR

## ATTACHMENT

40067714

Page 2

Document N25993

Country Lakes Village Homeowners Association Inc.

Officers and Directors

TITLE:

D

**ADDITION** 

NAME:

Wright, Mary

STREET ADDRESS:

5700 Bayshore Rd., 341

Palmetto, FL 34221 CITY-ST-ZIP:

TITLE:

**ADDITION** 

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

5700 Bayshore Rd., 243 Palmetto, FL 34221

Hughes, Betty