2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 8:00 am Secretary of State

AND ADDRESS OF CONTROL BOARD AND ADDRESS OF C	DOCUMENT # N30737 1. Entity Name COUNTRY WALK OF LAKE PLACID HOMEOWNERS' ASSOCIATION, INC.					Secretary of State 03-06-2008 90035 012 ****61.25					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State Cry & S	3143 BLUEBIRD AVENUE 3143 BLUEBIRD AVENUE						_				
City & State Country	Principal Place of Business - No P.O. Box # 3. Mailing Address										
Zip Country Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037 (12/06)		
8. Name and Address of Current Registroed Agent 7. Name and Address of New Registroed Agent KNOX, LORRAINE KNOX, LORRAINE KNOX, LORRAINE Stored Address (P.O. Box Number is Not Acceptable) COUNTRY WALK LAKE PLACID, FL 33652 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Stored Address of New Registroed Agent City FL Zip Code Date City FL Zip Code Date City FL Zip Code Date City FL Zip Code Make Chack payable to Florida. Lam tamiliar with, and accept the code of State City FL Zip Code City FL Z	City & State		City & State	City & State		4. FEI Number NOT APPL	ICABLE	· · · · · ·			
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip Cour		у	5. Certificate of S	tatus Desired		.75 Add	itional	
Steel Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named antity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State. 10.	6. Name and Address of Current Registered Agent					7. Name and Add	iress of New	Registered Age	nt		
Street Address (P.O. Box Number is Not Acceptable)	IMOV 10	SPAINE		[]	Name						
E. 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. Tarm familiar with, and accept the obligations of registered agent. SIGNATURE Signature Supress of agent. Filling Foe is \$61.25 Date by May 1, 2008 S. Election Campalign Financing Added to Fee Added to Fee Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILL JARVIS, DAN 33 GUALI ROOST RD. CITY-ST-2P TILL VD	56 LAKE SIDE TRAIL COUNTRY WALK				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature Supering does not explained agend and date specified specifie	3.12.2.035,12.0352				City	ty FL Zip Code					
10.	SIGNATURE										
TITLE DARWIS, DAN JARVIS, DAN					Added to Fees Florida Department of State						
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12. I nereby 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED PAND OF SIGNANG OFFICER OR DIRECTOR

3/2/2008

863 465 7924 Daytime Phone #