2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N30737

Entity Name: COUNTRY WALK OF LAKE PLACID HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3143 BLUEBIRD AVENUE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

3143 BLUEBIRD AVENUE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOX, LORRAINE
56 LAKE SIDE TRAIL
COUNTRY WALK
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JARVIS, DAN
Address: 23 QUAIL ROOST RD.
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete
Name: SHEETS, CAROL
Address: 4 QUAIL ROOST RD.
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: BURKELL, RON
Address: 43 QUAIL ROOST RD
City-St-Zip: LAKE PLACID, FL 33852

Title: SD ( ) Delete
Name: KNOX, LORRAINE
Address: 56 LAKE SIDE TRAIL
City-St-Zip: LAKE PLACID, FL 33852

Title: TD (X) Delete
Name: RUFFO, SUE
Address: 4-8 LAKE SIDE TRAIL
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SHEETS, CAROL
Address: 4 QUAIL ROOST RD.
City-St-Zip: LAKE PLACID, FL 33852

Title: VD (X) Change ( ) Addition
Name: BURKELL, RON
Address: 43 QUAIL ROOST RD
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN JARVIS PD 04/10/2009
Electronic Signature of Signing Officer or Director — Date