FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **N44437** **(4)**

1. COUNTRY WALK LAND OWNERS ASSOCIATION, INC.

APPROVED AND FILED

95 MAY -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:
4504 CRYSTAL BEACH RD
WINTER HAVEN FL 33880

Mailing Address:
4504 CRYSTAL BEACH RD
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1991
3a. Date of Last Report: 04/19/1994
4. FEI Number: NOT APPLICABLE — Applied For / ☒ Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Certified Copy Desired: [ ] $5.00 May Be Added to Fees
7. Required with IRS Office of Tax Exempt Status: [ ] $68.75 Supplemental Fee Not Required
8. Is this corporation a qualified tax exempt organization under 501(c)(3) of the Internal Revenue Code? [ ] Yes ☒ No

2. Principal Place of Business: 21
2a. Mailing Address: 26
State, Apt. #, etc.: 22
State, Apt. #, etc.: 27
City & State: 23
City & State: 28
Zip: 24 County: 25
Zip: 29 County: 30

9. Name and Address of Current Registered Agent

WRIGHT, MILDRED MORRIS
4504 CRYSTAL BEACH RD.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the corporation's Board of Directors adopted the appointment of the registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, MILDRED M.
STREET ADDRESS	4504 CRYSTAL BEACH RD.
CITY, ST, ZIP	WINTER HAVEN FL
TITLE	VD
NAME	THOMPSON, RONALD W.
STREET ADDRESS	4504 CRYSTAL BEACH RD.
CITY, ST, ZIP	WINTER HAVEN FL
TITLE	STD
NAME	THOMPSON, MICHAEL SHANE
STREET ADDRESS	4504 CRYSTAL BEACH RD.
CITY, ST, ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS TO BE ADDED OR DELETED

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, including any additional pages, is true and accurate, and that, if applicable, the corporation is current with respect to all filing fees due under Chapter 607, Florida Statutes. I further certify that the information indicated on the original report or any subsequent amendment thereto, of a change in officers or directors, or in the registered office or registered agent, or both, of the corporation named in this report, is true and accurate and that, if applicable, the corporation is current with respect to all filing fees due under Chapter 607, Florida Statutes, and that the name appearing in Block 12 or Block 13 hereof is the person identified with my address.

SIGNATURE: RW Thompson — 4/20/95 — 813 294-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0050557