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**Mar 02, 1999 8:00 am**  
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03-02-1999 90030 016 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N44437**

1. Corporation Name

**COUNTRY WALK LAND OWNERS ASSOCIATION, INC.**

Principal Place of Business

4504 CRYSTAL BEACH RD.  
WINTER HAVEN FL 33880

Mailing Address

4504 CRYSTAL BEACH RD.  
WINTER HAVEN FL 33880



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/22/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

R. W. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

544 Ponderosa St

83

84 City

MELBOURNE

FL

85 Zip Code

32904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*R. W. Thompson* R. W. Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WRIGHT, MILDRED M.  
STREET ADDRESS 4504 CRYSTAL BEACH RD.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD ☐ DELETE  
NAME TROMPSON, RONALD W.  
STREET ADDRESS 4504 CRYSTAL BEACH RD.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE STD ☐ DELETE  
NAME THOMPSON, MICHAEL SHANE  
STREET ADDRESS 4504 CRYSTAL BEACH RD.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*R. W. Thompson* R. W. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

407 723 1530

Daytime Phone #

CR2E037 (11/98)