2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44437

1. Entity Name

COUNTRY WALK LAND OWNERS ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90001 009 ****70.00

Principal Place of Business	Mailing Address
4504 CRYSTAL BEACH RD. WINTER HAVEN FL 33880	4504 CRYSTAL BEACH RD. WINTER HAVEN FL 33880-4917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
544 PONDEROSA ST Suite, Apt. #, etc.	544 PONDEROSA ST Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE FL
Zip: 32904 Country: USA	Zip: 32904 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, R W 544 PONDEROSA ST MELBOURNE FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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: RW Thompson RW Thompson P.D. 3/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, MILDRED M. 4504 CRYSTAL BEACH RD. WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, MILDRED M. 544 PONDEROSA ST MELBOURNE FL 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMPSON, RONALD W. 4504 CRYSTAL BEACH RD. WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, RONALD W 544 PONDEROSA ST MELBOURNE FL 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD THOMPSON, MICHAEL SHANE 4504 CRYSTAL BEACH RD. WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD THOMPSON, MICHAEL SHANE 544 PONDEROSA ST MELBOURNE FL 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: RW Thompson RW Thompson 3/27/00 321 723 1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #