

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44437

1. Entity Name

COUNTRY WALK LAND OWNERS ASSOCIATION, INC.

Principal Place of Business

544 PONDEROSA ST
MELBOURNE FL 32904

Mailing Address

544 PONDEROSA ST
MELBOURNE FL 32904

2. Principal Place of Business

119 Recker Hwy.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2420

Suite, Apt. #, etc.

City & State

Auburndale, FL 33823

City & State

Winter Haven, FL 33883

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, R W
544 PONDEROSA ST
MELBOURNE FL 32804

7. Name and Address of New Registered Agent

Name

Harold R. Baxter

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

119 Recker Hwy.

City

Auburndale,

FL

Zip Code

33823

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

42402

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MILDRED M.	
STREET ADDRESS	544 PONDEROSA ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TNOMPSON, RONALD W.	
STREET ADDRESS	544 PONDEROSA ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, MICHAEL SHANE	
STREET ADDRESS	544 PONDEROSA ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harold R. Baxter	
STREET ADDRESS	119 Recker Hwy.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Hatmaker	
STREET ADDRESS	119 Recker Hwy.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trina Baxter Hancock	
STREET ADDRESS	119 Recker Hwy.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold R. Baxter 4-2402 863 965 0011

Date

Signature Required

0013831