2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ✓

DOCUMENT # N95000003829

1. Entity Name

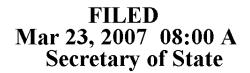
COUNTRYSIDE VILLAS ON LAKE PEARL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

18650 WEST U.S. HIGHWAY 441 MOUNT DORA, FL 32757 Mailing Address

18650 WEST U.S. HIGHWAY 441 MOUNT DORA, FL 32757





DO NOT WRITE IN THIS SPACE

01022007 No Chg-NP CF

CR2E037 (4/06)

4. FEI Number 59-3349941

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

35Z-383-WOV

5. Name and Address of Current Registered Agent

LUDECKE, CARL R 18650 WEST U.S. HIGHWAY 441 MOUNT DORA, FL 32757

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and site if applicable (NOTE	Registered Agent signature required when reinstating)	DATE
	Filing Fee Is \$61.25 9. Election Campaigner Trust Fund Control of the Property		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDECKE, CARL R 18650 US HWY 441 MOUNT DORA, FL 32757		000000677144 03/30/07-80088-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZiP	D LUDECKE, CHERYL 18650 US HWY 441 MOUNT DORA, FL 32757		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DOROTHY 18650 US HWY 441 MOUNT DORA, FL 32757	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN'	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			

CHAMICES

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. I am familiar with, and accept