


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N95000003829</b> 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**



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3349941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000901238 04/29/08-80061-001 61.25
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDECKE, CARL R 18650 US HWY 441 MOUNT DORA, FL 32757
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_