2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N98000000601

Entity Name: COUNTRY RIDGE HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N LINE DR
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3491643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARTIMOVICH, JOHN
Address: 402 BRAMBLE WAY
City-St-Zip: CLERMONT, FL 34715 US

Title: VPD ( ) Delete
Name: DILENA, DAVID
Address: 373 BRIMMING LAKE ROAD
City-St-Zip: CLERMONT, FL 34715 US

Title: STD ( ) Delete
Name: FARRELL, ROBERT
Address: 421 BRAMBLE WAY
City-St-Zip: CLERMONT, FL 34715 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARTIMOVICH, JOHN
Address: 402 BRAMBLE WAY
City-St-Zip: MINNEOLA, FL 34715 US

Title: VPD (X) Change ( ) Addition
Name: DILENA, DAVID
Address: 373 BRIMMING LAKE ROAD
City-St-Zip: MINNEOLA, FL 34715 US

Title: STD (X) Change ( ) Addition
Name: FARRELL, ROBERT
Address: 421 BRAMBLE WAY
City-St-Zip: MINNEOLA, FL 34715 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ARTIMOVICH PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date