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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 743861

(7)

	on Name			(')							
COUNT	TRY CLUI	B VILLAS ASS	SOCIATION, INC.								
									1101 01011 9 1011 0101		
Principal Place	e of Business	3	Mailing Add	dress							
			J	921 PEDLICIA AVE							
3821 PERUGIA AVE SEBRING FL 33872 SEBRING FL 33872											
							3. Date Incorpora	ated or Qualified	3a. Date of	Last Report	
l . <u></u>							08/08/19			2/1995	
2. Principal Place of Business			— <u> </u>	2a. Mailing Address			4. FEI Number		·k.	Applied	For
Suite, Apt. #, etc.			26 Suito A	·			59-2030	59-2030620 Not Applicable			
Surie, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			5. Certificate of S	Status Desired	1 1 7	3.75 Additi Fee Require	
City & State				City & State			6. Election Camp	aion Financing	\$	5.00 May	
23			28				Trust Fund Co	•		Added to Fe	
	Zip Country		Zφ	<u>├</u>			I	8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 29 9. Name and Address of Current Register				Agent 30			Florida Statute 10. Name and Ad		Yes No		
					81	Name	IV. Ituino une ne	101699 OI 11614 114	agisteren wyen		
ROUDE	BUSH, EAR	L M			82		Andrew /D.O. Roy Number	: - Not Appealable			
	RUGIA AVE					Street	Address (P.O. Box Number	riis inot Acceptabl	e)		
SEBRING FL 33872					83			737114			_
					84	City			P-0 85	Zip Code	
11 Dursuant	to the provisi	ions of Soctions 61	7.0502 and 617.1509 E	Inside Statutes	the above a	'	The section of the section at the se		PL!	'	,
or register	red agent, or	both, in the State	of Florida. Such change	was authorized	the above-r by the corp	named co oration's	orporation submits this state board of directors. I hereby	enient for the purp y accept the appo	oose of changing intrient as regist	its registere ered agent.	d office I am
signature	ith, and acco	pt the obligations of	Section 617.0503, Fig	rida Statutes.				·			
SIGNATORE		000 / 1		I all	ノーリカーム	(i)	1 C. 1521 111	/	11. 1 19	99 L	
	Signature, typed	or printed name of register	red agent and tills if applicable	LIK A	L /// Agen	AUT) I signature r	L'SUSH VP	/	DATE DATE	196	
12.			red agent and tills if applicable RS AND DIRECTORS		13.	ZUZ) i signature r	requesid when reinstating)	IANGES 10 OF HO	· · · · · · · · · · · · · · · · · · ·		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR