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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90035 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743861

1. Corporation Name
COUNTRY CLUB VILLAS ASSOCIATION, INC.

Principal Place of Business 3821 PERUGIA AVE SEBRING FL 33872	Mailing Address 3821 PERUGIA AVE SEBRING FL 33872
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2030620
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ROUDEBUSH, EARL M 3821 PERUGIA AVE SEBRING FL 33872	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE EARL M. ROUDEBUSH DATE 4-2-1999

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERCER, FRANCIS R.		1.2 NAME	
STREET ADDRESS 3711 PERUGIA AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, EILEEN		2.2 NAME	
STREET ADDRESS 3729 PERUGIA AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCOMBS, DON		3.2 NAME	
STREET ADDRESS 3711 PERUGIA AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		3.4 CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROUDEBUSH, EARL		4.2 NAME	
STREET ADDRESS 3821 PERUGIA AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOM KEEFE		5.2 NAME ROBERT MACEY	
STREET ADDRESS 3822 CATALINA DR		5.3 STREET ADDRESS 3733 PERUGIA AVENUE	
CITY-ST-ZIP SEBRING FL		5.4 CITY-ST-ZIP SEBRING, FL	
TITLE P	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOOVER, ROBERT J.		6.2 NAME	
STREET ADDRESS 3810 CATALINA DR		6.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: EARL M. ROUDEBUSH DATE: 4/2/99 DAYTIME PHONE #: 941-382-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

0058522 (11/03)