FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746734 (3)

1. Corporation Name

COUNTRY CLUB APARTMENTS OF MILES GRANT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5111 S.E. MILES GRANT RD..BOX 105A STUART FL 34997	5111 S.E. MILES GRANT RD..BOX 105A STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1979
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-1917981 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HELLEBERG, ALFRED
5111 MILES GRANT RD., APT. 205
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	BILOTTA, JOSEPH	1.2 NAME	
STREET ADDRESS	5111 SE MILES GRANT 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PRESIDENT P ☒ Change ☐ Addition
NAME	POWER, ROBERT	2.2 NAME	GORDON BREWER
STREET ADDRESS	5111 SE MILES GRANT 102	2.3 STREET ADDRESS	5111 SE MILES GRANT RD 105
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	SD	3.1 TITLE	SECRETARY/TREASURER ☒ Change ☐ Addition
NAME	TIDGWELL, HELEN	3.2 NAME	ALFRED HELLEBERG
STREET ADDRESS	5111 SE MILES GRANT RD 204	3.3 STREET ADDRESS	5111 SE MILES GRANT RD 205
CITY-ST-ZIP	STUART, FL 00000	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HELLEBERG, ALFRED	4.2 NAME	
STREET ADDRESS	5111 SE MILES GRANT 205	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Alfred F. Helleberg 3/7/95 407-283-3743
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ALFRED F. HELLEBERG

00/0700