

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **751337** (7)  
1. Corporation Name  
**COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.**

|                                                                                                 |                                                                                     |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>114 COUNTRY CLUB DRIVE<br/>NICEVILLE FL 32578-2006<br/>US</b> | Mailing Address<br><b>114 COUNTRY CLUB DRIVE<br/>NICEVILLE FL 32578-2006<br/>US</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                            |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/03/1980</b>                                                                                                                     |                                                                                    |
| 4. FEI Number<br><b>59-2389490</b>                                                                                                                                         | Applied For<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                                                    |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |                                                                                    |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                          |                                                                                    |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b> |                                                                                    |

9. Name and Address of Current Registered Agent

**HALSTON, BETTY L  
114 COUNTRY CLUB DRIVE  
NICEVILLE FL 32578-2006**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 01 Name                                               |
| 02 Street Address (P.O. Box Number is Not Acceptable) |
| 03                                                    |
| 04 City                                               |
| 05 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                            |
|----------------|-------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>GREEN, EDITH</b>           |                                            |
| STREET ADDRESS | <b>112 COUNTRY CLUB DRIVE</b> |                                            |
| CITY-ST-ZIP    | <b>NICEVILLE FL 32578</b>     |                                            |
| TITLE          | <b>P</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>ROBINSON, PATRICIA</b>     |                                            |
| STREET ADDRESS | <b>109 COUNTRY CLUB DRIVE</b> |                                            |
| CITY-ST-ZIP    | <b>NICEVILLE FL 32578</b>     |                                            |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WEBB, DILLY</b>            |                                            |
| STREET ADDRESS | <b>105 COUNTRY CLUB DRIVE</b> |                                            |
| CITY-ST-ZIP    | <b>NICEVILLE FL 32578</b>     |                                            |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>CHANDLER, STANLEY</b>      |                                            |
| STREET ADDRESS | <b>506 OAK STREET</b>         |                                            |
| CITY-ST-ZIP    | <b>NICEVILLE FL</b>           |                                            |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>DERRICK, BETTY</b>         |                                            |
| STREET ADDRESS | <b>113 COUNTRY CLUB DR</b>    |                                            |
| CITY-ST-ZIP    | <b>NICEVILLE FL</b>           |                                            |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |                                            |
| STREET ADDRESS |                               |                                            |
| CITY-ST-ZIP    |                               |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |                                                                              |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>S/D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>GREEN, EDITH</b>           |                                                                              |
| 1.3 STREET ADDRESS | <b>112 Country Club Drive</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>Niceville FL 32578</b>     |                                                                              |
| 2.1 TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>ROBINSON, PATRICIA</b>     |                                                                              |
| 2.3 STREET ADDRESS | <b>109 Country Club Drive</b> |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>Niceville FL 32578</b>     |                                                                              |
| 3.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                               |                                                                              |
| 3.3 STREET ADDRESS |                               |                                                                              |
| 3.4 CITY-ST-ZIP    |                               |                                                                              |
| 4.1 TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>CHANDLER, STANLEY</b>      |                                                                              |
| 4.3 STREET ADDRESS | <b>P O Box 45</b>             |                                                                              |
| 4.4 CITY-ST-ZIP    | <b>Niceville FL 32588</b>     |                                                                              |
| 5.1 TITLE          | <b>P/D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>DERRICK, BETTY</b>         |                                                                              |
| 5.3 STREET ADDRESS | <b>113 Country Club Drive</b> |                                                                              |
| 5.4 CITY-ST-ZIP    | <b>Niceville FL 32578</b>     |                                                                              |
| 6.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                               |                                                                              |
| 6.3 STREET ADDRESS |                               |                                                                              |
| 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.

SIGNATURE: **Betty Derrick, President**

7 Apr 98 (850) 678-2509

CR2E037 (1097)