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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 752679 (1)
1. Corporation Name
COUNTRY CLUB VILLAS II ASSOCIATION, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 3839 SEBRING FL 33871 POST OFFICE BOX 3839 SEBRING FL 33871

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1980 3a. Date of Last Report 04/28/1994

4. FEI Number 59-2122430 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
BOYD, LINDA Y.
3501 MONZA DRIVE
SEBRING FL 33872

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when cancelling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1 1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILUM, MARILYN	1 2 NAME	BENDIX, FRANCES
STREET ADDRESS	300 PAVALON DRIVE	1 3 STREET ADDRESS	3722 PERUGIA AVENUE
CITY - ST - ZIP	MANSFIELD OH	1 4 CITY - ST - ZIP	SEBRING, FL 33872
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, R G	2 2 NAME	
STREET ADDRESS	9 BURDOCK COURT	2 3 STREET ADDRESS	
CITY - ST - ZIP	TILLSONBURG, ONTARIO	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHGOTZ, RON	3 2 NAME	
STREET ADDRESS	3723 SARRIA AVENUE	3 3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3 4 CITY - ST - ZIP	
TITLE	D	4 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, JACK	4 2 NAME	NAYLOR, BRIAN
STREET ADDRESS	3730 PERUGIA AVE.	4 3 STREET ADDRESS	2407 WOODWARD AVENUE, #22
CITY - ST - ZIP	SEBRING FL	4 4 CITY - ST - ZIP	BURLINGTON, ONTARIO, CANADA
TITLE	DP	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, MARGARET	5 2 NAME	
STREET ADDRESS	3816 PERUGIA AVE.	5 3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Margaret A. Jefferson 4/27/95 (813) 385-6076
SIGNATURE AND TYPOGRAPHIC PRINTED NAME OF OFFICER OR DIRECTOR Date Telephone Number