

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **05/29/1980**
3a. Date of Last Report: **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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
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 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: *Linda Y. Boyd* DATE: **4-22-96**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENDIX, FRANCES	
STREET ADDRESS	3722 PERGUIA AVE	
CITY - ST - ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, R G	
STREET ADDRESS	9 BURDOCK COURT	
CITY - ST - ZIP	TILLSONBURG, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EHGOTZ, RON	
STREET ADDRESS	3723 SARRIA AVENUE	
CITY - ST - ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAYLOR, BRIAN	
STREET ADDRESS	23407 WOODWARD AVE 22	
CITY - ST - ZIP	BURLINGTON ON	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JEFFERSON, MARGARET	
STREET ADDRESS	3816 PERUGIA AVE.	
CITY - ST - ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MILUM, MARILYN	
1.3 STREET ADDRESS	3831 SARRIA AVE.	
1.4 CITY - ST - ZIP	SEBRING, FL 33872	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CADWELL, DONALD	
2.3 STREET ADDRESS	275 QUEENS AVE. #203	
2.4 CITY - ST - ZIP	LONDON, ONTARIO, CANADA N6B 1X2	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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: *Margaret D. Jefferson* DATE: **4/22/96** (941) 385-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)