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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 752679

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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90019 023 ****61.25



City & State Secretary State Country State Secretary									
Sulle, Apt. #, etc. 25 Sulle, Apt. #, etc. 4. FEI Number Applied For Applied	2. Principal Pl	ace of Business	2a. Mailing Address						
Sulte, Apt. #, etc. Sulte, Apt. #, etc.			⊢			05/29/1980			
City & State 3		#, etc.					A	pplied For	
City & State Secretary State Country State Secretary	22		27			59-2122430	N	ot Applicable	
Second Section	City & State	3	⊢ ′			5. Certifcate of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name BOYD, LINDA Y. 3501 MONZA DRIVE SEBRING FL 33872 12. Street Address (P.O. Box Number is Not Acceptable) 13. City 14. City 15. Lity 16. Lity 17. Pursuant to the provisions of Sections 617,0502 and 817,1508. Florids Statutes, the above-tended corporation submits this disterent for the purpose of changing its registered efficiency registered agent, and accept the obligations of Section 5, Section 617,0503, Florids Statutes, the above-tended corporation submits this disterent for the purpose of changing its registered efficiency registered agent, and accept the obligations of Section 5, Section 617,0503, Florids Statutes, the above-tended or precision submits this disterent for the purpose of changing its registered efficiency registered agent, and accept the obligations of Section 5, Section 617,0503, Florids Statutes, the above-tended or precision submits this disterent for the purpose of changing its registered efficiency in the obligations of Section 5, Section 617,0503, Florids Statutes, the above-tended or precision submits this disterent for the purpose of changing its registered efficiency in the obligations of Section 5, Section 617,0503, Florids Statutes, the above-tended or precision submits this disterent for the purpose of changing its registered efficiency in the purpose of c		Country		Country	'	6. Election Campaign Financing	\$5.00	May Be	
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SSO1 MONZA DRIVE SEBRING FL 33872 38				81	Name				
SSO1 MONZA DRIVE SEBRING FL 33872 38	ROYD LINDA Y				82 Street Address (P.O. Box Number is Not Accentable)				
SEBRING FL 33872 34				"	Succe	Addition (1.10. Box 11st. Box 15 the tyte of parties)			
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 617.0502, Provided Statutes. SIGNATURE Signature, Typed or printed name of registered apent agent to the if applicable. NOTE Registered Apent Signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS II 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE SIGNATURE Signature, Typed or printed name of registered apent and title if applicable. NOTE Registered Apent Signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12. TITLE 12. TITLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12. TITLE 12. TITLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12. TITLE 12. TITLE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12. TITLE 12. TITLE SIGNATURE SIG				83					
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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.

CITY-ST-ZIP