

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90133 008 ****61.25

0082741

DOCUMENT # 752679

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2122430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYD, LINDA Y.
 3501 MONZA DRIVE
 SEBRING FL 33872**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, R.G.	
STREET ADDRESS	9 BURDOCK COURT	
CITY-ST-ZIP	TILLSONBURG, ONTARIO	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, PHILIP	
STREET ADDRESS	195 WALDONCROFT CRESCENT	
CITY-ST-ZIP	BURLINGTON, ONTARIO	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GATTO, NICHOLAS	
STREET ADDRESS	3722 PERUGIA AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JEFFERSON, MARGARET	
STREET ADDRESS	3816 PERUGIA AVE.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMONT, JOSEPH	
STREET ADDRESS	644 17TH ST CRESCENT	
CITY-ST-ZIP	HANOVER, ONTARIO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret D. Jefferson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-8-02

Date

Daytime Phone #

CR2E037 (9/01)

80067743



DO NOT WRITE IN THIS SPACE