FILED Apr 28, 2003 8:00 am §

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752679 1. Entity Name COUNTRY CLUB VILLAS II ASSOCIATION, INC.					Secretary of State 04-28-2003 91387 001 ****61.25			
POST OFFICE BOX 3839 POST		Mailing Address POST OFFICE BOX 3839 SEBRING FL 33871	OST OFFICE BOX 3839					
P.O. Box 7543		3. Mailing Address P.O. Box 73 Suite, Apt. #, etc.	P.O. Box 7543		☐ CHECK HERE IF MAKING CHANGES			
City & State SEBRING : FL		Gity & State SEBRING; FL			4. FEI Number 59-2122430 Applied For Not Applicable			
Zip 33872	Country	33872-0110	Countr	ŠA	5. Certificate of Sta	tus Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		Vanna a m	7. Name and Address	ess of New Registe	red Agent	
BOYD, LINDA Y. 3501 MONZA DRIVE				Street Address (P.Q. Box Number is Not Acceptable) Street Address (P.Q. Box Number is Not Acceptable) SARRIA HVENUE				
	FL 33872			22			- 17: Oad	
				City SEBRING			FL 岁岁	372
the obligat	tions of registered agent. Marilyw K. M. Signature, typed or parted name of registered agent.		KEEP	ER ent signature required	when reinstating)	<i>H</i>	-23-03	3
FILE NOW: FEE IS \$61.25 9. Election Can Trust Fund C				~ _ 40.00 Midy DB				
10.	OFFICERS AND DIF	RECTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS ANI	D DIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, R.G. 9 BURDOCK COURT TILLSONBURG, ONTARIO	☐ Delete	TITLE NAME STREET A				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, PHILIP 195 WALDONCROFT CRESCENT BURLINGTON, ONTARIO	☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GATTO, NICHOLAS 3722 PERUGIA AVE SEBRING FL	- Delete	NAME STREET A	Doress			Change -	Addition
TITLE NAME Street address City-St-Zip	DS JEFFERSON, MARGARET 3816 PERUGIA AVE. SEBRING FL 33872	☐ Delete	TITLE NAME STREET A CITY-ST-	J			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMONT, JOSEPH 644 17TH ST CRESCENT HANOVER, ONTARIO	☐ Delete	TITLE NAME STREET A	· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	Delete	TITLE NAME STREET AI CITY-ST-	ZIP	Nion 110 07(0)() F	ide Chattara III II	Change	Addition

2. 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 trustate 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:

COUREDPHILIP DAVIS 4-23-03 (905) 629-5234