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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **753436** **(5)**

1. Corporation Name

COUNTRY CLUB ESTATES ASSOCIATION OF LEHIGH ACRES ,INC.

Principal Place of Business	Mailing Address
1426 FORD CIRCLE LEHIGH ACRE FL 33936	426 FORD CIRCLE LEHIGH ACRES FL 33936 US

3. Date Incorporated or Qualified: 07/22/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 737 Englewood Ave
Suite, Apt. #, etc. 22
City & State 23 Lehigh Acres, Fl
Zip 24 33972 Country 25 Lee

2a. Mailing Address
26 P. O. Box 25
Suite, Apt. #, etc. 27
City & State 28 Lehigh Acres, Fl.
Zip 29 33970 Country 30 Lee

4. FEI Number: 59-0699094 ☐ 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

9. Name and Address of Current Registered Agent

WISEMAN, TONY
1407 GRAHAM CIRCLE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: Karen McCully
82 Street Address (P.O. Box Number Is Not Acceptable): 1737 Englewood Ave
83
84 City: Lehigh Acres, FL 85 Zip Code: 33972

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: Karen A. McCully DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLY, KAREN		1.2 NAME		
STREET ADDRESS	1737 ENGLEWOOD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	FITZGERALD, ANN		2.2 NAME	Elizabeth H. Lorraine	
STREET ADDRESS	128 DANIA CIRCLE		2.3 STREET ADDRESS	1448 Graham Circle	
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP	Lehigh Acres, Fl	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	SCHOEN, MARGARET		3.2 NAME	Patricia Kovalski	
STREET ADDRESS	135 DANIA CIRCLE		3.3 STREET ADDRESS	1445 Scenic	
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP	Lehigh Acres, Fl	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	WISEMAN, TONY		4.2 NAME	Thomas Callahan	
STREET ADDRESS	1407 GRAHAM CIRCLE		4.3 STREET ADDRESS	408 Hollywood	
CITY-ST-ZIP	LEHIGH ACRES FL		4.4 CITY-ST-ZIP	Lehigh Acres, Fl.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Karen A. McCully REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079479