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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
737 ENGLEWOOD AVE LEHIGH ACRE FL 33972 US	P O BOX 25 LEHIGH ACRES FL 33970 US

3. Date Incorporated or Qualified: 07/22/1980

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCULLY, KAREN
1737 ENGLEWOOD AVE
LEHIGH ACRES FL 33972

10. Name and Address of New Registered Agent

81 Name: CALLAHAN, THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 408 HOLLYWOOD ST.
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: THOMAS W. CALLAHAN Thomas W. Callahan 3/2/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCULLY, KAREN		1.2 NAME	CALLAHAN, THOMAS	
STREET ADDRESS	1737 ENGLEWOOD AVE.		1.3 STREET ADDRESS	408 HOLLYWOOD ST.	
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	LORRAINE, ELIZABETH H		2.2 NAME	SLANKER, FRANK M.	
STREET ADDRESS	1448 GRAHAM CIRCLE		2.3 STREET ADDRESS	120 ORTONA ST.	
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	S	☐ DELETE	3.1 TITLE	~~S~~ SD	☒ Change ☐ Addition
NAME	KOVALSKI, PATRICIA		3.2 NAME	FITZGERALD, ANNE	
STREET ADDRESS	1445 SCENIC		3.3 STREET ADDRESS	128 DANIA CIRCLE	
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	CALLAHAN, THOMAS		4.2 NAME	NEECE, ROBERT	
STREET ADDRESS	408 HOLLYWOOD		4.3 STREET ADDRESS	1625 COUNTRY CLUB PKWY	
CITY-ST-ZIP	LEHIGH ACRES FL		4.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
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 (10/97)

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.

SIGNATURE: THOMAS W. CALLAHAN Thomas W. Callahan 3/2/98 941-368-0947