2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 753436** Aug 04, 2000 8:00 am Secretary of State 1. Entity Name **COUNTRY CLUB ESTATES ASSOCIATION OF LEHIGH ACRES** 08-04-2000 90005 003 ****70.00 Principal Place of Business Mailing Address 737 ENGLEWOOD AVE P O BOX 25 LEHIGH ACRES FL 33970 LEHIGH ACRE FL 33972 2. Principal Place of Business 3. Mailing Address 70 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0899094 Not Applicable Zip 2 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALLAHAN, MILDRED M 408 HOLLYWOOD STREET **LEHIGH ACRES FL 33972** 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Delete ☐ Addition TITLE TITLE CALLAHAN, MILDRED M NAME NAME **408 HOLLYWOOD STREEET** STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE WILLIAMSON, LILA NAME NAME STREET ADDRESS 122 DANIA CIRCLE STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP ☐ Addition SD Delete TITLE TITLE FITZGERALD, ANNE NAME NAME STREET ADDRESS 128 DANIA CIRCLE STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP **LEHIGH ACRES FL 33972** Change Delete TITLE ☐ Addition TITLE LORRAINE, ELIZABETH H NAME NAME STREET ADDRESS STREET ADDRESS 1448 GRAHAM CIRCLE CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33936** ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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

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~ 941-369-8941