

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

55 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 759819 (6)
1. Corporation Name
COUNTRY CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 3088 IRONWOOD DRIVE, TALLAHASSEE FL 32308 US
Mailing Address: P.O. BOX 14011, N/A, TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2346613
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for interstate tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
MARTIN, CAROL
4026 ARDARA DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEELE, STANLEY
STREET ADDRESS	3056 IRONWOOD DRIVE
CITY ST ZIP	TALLAHASSEE FL
TITLE	D
NAME	ROCCANTI, JEAN
STREET ADDRESS	3116 IRONWOOD DRIVE
CITY ST ZIP	TALLAHASSEE FL
TITLE	VPD
NAME	SUMMERS, CUR
STREET ADDRESS	3124 IRONWOOD DRIVE
CITY ST ZIP	TALLAHASSEE FL
TITLE	DS
NAME	STROFFOLINO, DAVID
STREET ADDRESS	1833 HALSTEAD BLVD S307
CITY ST ZIP	TALLAHASSEE FL
TITLE	YD
NAME	TALPT, ARTHUR
STREET ADDRESS	3088 IRONWOOD
CITY ST ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Campanile, Joseph	
13 STREET ADDRESS	3040 Ironwood Drive	
14 CITY ST ZIP	Tallahassee, FL 32308	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Schall, Daniel	
23 STREET ADDRESS	3129 Ironwood Drive	
24 CITY ST ZIP	Tallahassee, FL 32308	
31 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Credit, Dennis	
33 STREET ADDRESS	3092 Ironwood Drive	
34 CITY ST ZIP	Tallahassee, FL 32308	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Sievek, Junita	
43 STREET ADDRESS	300 Ironwood Drive	
44 CITY ST ZIP	Tallahassee, FL 32308	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: _____ (DATE) 4/25/95 904/668-5677