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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759819 (6)
 1. Corporation Name
COUNTRY CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3040 IRONWOOD DRIVE TALLAHASSEE FL 32308 US	Mailing Address P.O. BOX 14011 TALLAHASSEE FL 32317-4011 US
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3. Date Incorporated or Qualified 08/27/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2346613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPANILE, JOSEPH	
STREET ADDRESS	3040 IRONWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIEVEK, JUANITA	
STREET ADDRESS	3000 IRONWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TALPT, ART	
STREET ADDRESS	3088 IRONWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMMERS, SUE	
STREET ADDRESS	3124 IRONWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, PEGGY	
STREET ADDRESS	3064 IRONWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD DAVID WENBERT	
1.3 STREET ADDRESS	3080 IRONWOOD DR.	
1.4 CITY-ST-ZIP	TALL. FL. 32308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANICE SCHAEFFLER	
3.3 STREET ADDRESS	3036 IRONWOOD DR.	
3.4 CITY-ST-ZIP	TALL. FL. 32308	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEVE SCHNEIDER	
4.3 STREET ADDRESS	3044 IRONWOOD DR.	
4.4 CITY-ST-ZIP	TALL. FL. 32308	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Carol Martin* **CAROL MARTIN** Manager 4/30/97 222-2508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008788

CR2E037 (9/96)