

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90232 015 ****61.25

DOCUMENT # 759819

1. Entity Name

COUNTRY CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3133 IRONWOOD DR
 TALLAHASSEE FL 32308
 US

correct to
 ↓
32309

Mailing Address

3133 IRONWOOD DR
 TALLAHASSEE FL 32308
 US

correct to
 ↓
32309

DU147100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2346613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALPT, ART
 3088 IRONWOOD DR
 TALLAHASSEE FL 32308

Name
SLATTERY, SHERRY
 Street Address (P.O. Box Number is Not Acceptable)
3133 IRONWOOD DR.

City
TALLAHASSEE FL Zip Code
32309

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINSON, GREG	
STREET ADDRESS	3048 IRONWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STROFFOLINO, DAVID	
STREET ADDRESS	3072 IRON WOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	TALPT, ART	
STREET ADDRESS	3088 IRONWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUMMERS, SUE	
STREET ADDRESS	3124 IRONWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, STEVE	
STREET ADDRESS	3044 IRONWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32309	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32309	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATTERY, SHERRY	
STREET ADDRESS	3040 IRONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTANARO, VICTORIA	
STREET ADDRESS	3052 IRONWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

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 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.

SIGNATURE:

Gregory D. Martinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **GREGORY D. MARTINSON** 7/2/02 (850) 487-3489

Date

Daytime Phone #

CR2E037 (9/01)