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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762077 (6)

1. Corporation Name
COUNTRY CLUB PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4515 COUNTRY CLUB BLVD CAPE CORAL FL 33904-5273	Mailing Address 4515 COUNTRY CLUB BLVD CAPE CORAL FL 33904-5273
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1982	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2345564	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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

**COTTREL, JAMES L
1633 S.E. 47TH TERRACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIDEL, FAYE	1.2 NAME	PETER J. KRAMER
STREET ADDRESS	4515 COUNTRY CLUB BV 206	1.3 STREET ADDRESS	516 TIGERTAIL CT.
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937
TITLE	VD	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, CLIFTON	2.2 NAME	
STREET ADDRESS	4515 COUNTRY CLUB BV 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, JOHN	3.2 NAME	CHARLES CLANCY
STREET ADDRESS	4515 COUNTRY CLUB BV 203	3.3 STREET ADDRESS	4515 COUNTRY CLUB BLVD. 104
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	SD	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, HARRIETT J.C.	4.2 NAME	E. MARIE ST. GERMAIN
STREET ADDRESS	4515 COUNTRY CLUB BV 204	4.3 STREET ADDRESS	4515 COUNTRY CLUB BLVD. 201
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIARO, FRANCES	5.2 NAME	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Fran Caliaro, Treasurer / FRAN CALIARO, TREASURER 2/16/95 813-277-2566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #