

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762077 (6)
1. Corporation Name
COUNTRY CLUB PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
4515 COUNTRY CLUB BLVD CAPE CORAL FL 33904-5273
4515 COUNTRY CLUB BLVD CAPE CORAL FL 33904-5273

3. Date Incorporated or Qualified 02/23/1982
3a. Date of Last Report 02/17/1995
4. FEI Number 59-2345564 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
COTTRELL, JAMES L
1633 S.E. 47TH TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name CLIFTON W. WHITMORE JR
82 Street Address (P.O. Box Number is Not Acceptable) 4515 Country Club Blvd #101
83
84 City Cape Coral FL 85 Zip Code 33904

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 *Clifton W. Whitmore Jr* 4-21-96
Signature, typed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, PETER J	
STREET ADDRESS	516 TIGERTAIL CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITMORE, CLIFTON	
STREET ADDRESS	4515 COUNTRY CLUB BV 101	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLANCY, CHARLES	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #104	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ST. GERMAIN, E. MARIE	
STREET ADDRESS	4515 COUNTRY CLUB BLVD., #201	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CALIARO, FRANCES	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #205	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN O'NEILL	
1.3 STREET ADDRESS	4515 country club Blvd 203	
1.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
2.1 TITLE	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRES D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Sec D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARIE H WALSH	
4.3 STREET ADDRESS	4515 Country Club Blvd 204	
4.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
5.1 TITLE	200001847322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-06/03/96--01023--041	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRIAN WISBOM	
6.3 STREET ADDRESS	4525 Country club Blvd 107	
6.4 CITY-ST-ZIP	CAPE CORAL FL 33904	

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 119.07(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: *Clifton W. Whitmore Jr* 4-21-96 941-540-0293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Clifton W. Whitmore, Jr. 05 5/1/96

CR2E037 (12/95)