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Mar 06 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 # 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 33904-5272
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3. Date Incorporated or Qualified 02/23/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2345564	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	

21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent
**WHITMORE, CLIFTON W JR
4515 COUNTRY CLUB BLVD #101
CAPE CORAL FL 33904**

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 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	VPD	<input type="checkbox"/> DELETE
NAME	O'NEILL, JOHN	
STREET ADDRESS	4515 COUNTRY CLUB BLVD 203	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITMORE, CLIFTON	
STREET ADDRESS	4515 COUNTRY CLUB BV 101	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLANCY, CHARLES	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #104	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, HARIETT	
STREET ADDRESS	4515 COUNTRY CLUB BLVD., #204	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WISBON, BRIAN	
STREET ADDRESS	4525 COUNTRY CLUB BLVD #107	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara L. Eaton
3.3 STREET ADDRESS	4515 Country Club Blvd., #105
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VPD Thomas Murphy
4.3 STREET ADDRESS	4525 Country Club Blvd., #212
4.4 CITY-ST-ZIP	Cape Coral, FL 33904
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VPD Kenneth Luck
5.3 STREET ADDRESS	4525 Country Club Blvd., #110
5.4 CITY-ST-ZIP	Cape Coral, FL 33904
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD Barbara L. Eaton
6.3 STREET ADDRESS	4515 Country Club Blvd., #105
6.4 CITY-ST-ZIP	Cape Coral, FL 33904

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(f), 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.**  3-1-97 941-540-0293

CR2E037 (9/96)