

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90183 048 \*\*\*\*61.25

**DOCUMENT # 762077**

1. Entity Name

**COUNTRY CLUB PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4515 COUNTRY CLUB BLVD  
 #101  
 CAPE CORAL FL 33904-5273

4515 COUNTRY CLUB BLVD  
 #101  
 CAPE CORAL FL 33904-5245

2. Principal Place of Business

**4515 COUNTRY CLUB BLVD**

3. Mailing Address

P.O. BOX 100831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

4. FEI Number

**59-2345564**

Applied For

Not Applicable

Zip

33904

Country

U.S.A.

Zip

33910

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITMORE, CLIFTON W JR**  
**4515 COUNTRY CLUB BLVD #101**  
**CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name  
**BARBARA OLSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PROFESSIONALLY YOURS, INC.**  
**1342 S.E. 46TH LANE 3**  
 City  
**CAPE CORAL** **FL** Zip Code  
**33904**

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 *Barbara P. Olson*

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

(NOTE: Registered Agent signature required when reinstating)

*4/26/00*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, ROBERT 4515 COUNTRY CLUB BLVD. 201 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITMORE, CLIFTON 4515 COUNTRY CLUB BV 101 CAPE CORAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALIFANO, VINCENT 4525 COUNTRY CLUB BLVD 108 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, JANE 4515 COUNTRY CLUB BLVD #105 CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RACINE, MARIE 4515 COUNTRY CLUB BLVD. 105 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RACINE, MARIE 4515 COUNTRY CLUB PLACE 105 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALIFANO, VINCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/00*  
 Date

*941.549.9817*  
 Daytime Phone #

CR2E037 (9/99)