

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # NO1050 (6)**  
1. Corporation Name  
**EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>BUCKNER AVE SUITE 811 EVERGLADES CITY FL 33929</b>	Mailing Address <b>P.O. BOX 301 NEW BOSTON MI 48164</b>
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3. Date Incorporated or Qualified  
**01/24/1984**

4. FEI Number <b>65-0079825</b>	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip <b>34139</b>	25. Country
24. Zip <b>34139</b>	29. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**RAY, BURRIS  
536 W.PAR STREET  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREENE, ABBOTT</b>	1.2 NAME	<b>Russell Reay</b>
STREET ADDRESS	<b>BUCKNER AVE SUITE 821</b>	1.3 STREET ADDRESS	<b>18615 Hannan Road</b>
CITY-ST-ZIP	<b>EVERGLADES CITY FL 33929</b>	1.4 CITY-ST-ZIP	<b>New Boston MI 48164</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REAY, RUSSELL</b>	2.2 NAME	<b>Ray Burris</b>
STREET ADDRESS	<b>18615 HANNAN RD</b>	2.3 STREET ADDRESS	<b>536 W. Par Street</b>
CITY-ST-ZIP	<b>NEW BOSTON MI</b>	2.4 CITY-ST-ZIP	<b>Orlando FL 32804</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHOBOT, KERRIE</b>	3.2 NAME	
STREET ADDRESS	<b>18615 HANNAN RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW BOSTON MI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREENE, NANCY</b>	4.2 NAME	<b>Ken Kuzmick</b>
STREET ADDRESS	<b>BUCKNER AVE, STE 821</b>	4.3 STREET ADDRESS	<b>1001 Blackwood Street</b>
CITY-ST-ZIP	<b>EVERGLADES CITY FL</b>	4.4 CITY-ST-ZIP	<b>Altamonte Springs FL 32701</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>LAMB, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>4216 JEFFERSON ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.6 NAME		
6.7 STREET ADDRESS		
6.8 CITY-ST-ZIP		

14. 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 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: *by: Kerrie Chobot* **REQUIRED** 313/  
March 17, 1998 980-5

CR2E037 (10/97)