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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90203 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01050

1. Corporation Name
EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business BUCKNER AVE SUITE 811 EVERGLADES CITY FL 34139 US	Mailing Address P.O. BOX 301 NEW BOSTON MI 48164
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2. Principal Place of Business 21 221 South Buckner Ave Suite, Apt. #, etc. 22 Unit 811 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 01/24/1984	4. FEI Number 65-0079825 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

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 **KUZMICK, Ken**
82 Street Address (P.O. Box Number is Not Acceptable)
1001 Blackwood Street
83
84 City **Altamonte Springs FL** **85 Zip Code** **32701**

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 *[Signature]* **February 5, 1999**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REAY, RUSSELL	
STREET ADDRESS	18615 HANNAN ROAD	
CITY-ST-ZIP	NEW BOSTON MI 48164	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURRIS, RAY	
STREET ADDRESS	536 W. PAR STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHOBOT, KERRIE	
STREET ADDRESS	18615 HANNAN RD	
CITY-ST-ZIP	NEW BOSTON MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUZMICK, KEN	
STREET ADDRESS	1001 BLACKWOOD STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KUZMICK, Ken	
1.3 STREET ADDRESS	1001 Blackwood Street	
1.4 CITY-ST-ZIP	Altamonte Springs FL 32701	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHMIDT, Peter	
2.3 STREET ADDRESS	221 South Buckner Ave Unit 821	
2.4 CITY-ST-ZIP	Everglades City FL 34139	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHOBOT, Kerrie	
3.3 STREET ADDRESS	18615 Hannan Road	
3.4 CITY-ST-ZIP	New Boston, MI 48164	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REAY, Russell	
4.3 STREET ADDRESS	18615 Hannan Road	
4.4 CITY-ST-ZIP	New Boston, MI 48164	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KAUFFMAN, Jack	
5.3 STREET ADDRESS	211 South Buckner Ave Unit 824	
5.4 CITY-ST-ZIP	Everglades City FL 34139	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MILLER, Alton	
6.3 STREET ADDRESS	130 Des Pinar Lane	
6.4 CITY-ST-ZIP	Longwood FL 32750	

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, with all other like empowered.

SIGNATURE: *[Signature]* **RESIGNATURE REQUIRED** April 15, 1999 734/753-4347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001957
CR2597-11100R