

4.30-97

B-5930

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FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06510 (4)**  
1. Corporation Name  
**CLUBHOUSE COURT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1274 NE BUSINESS PARK PL  
JENSEN BCH FL 34957  
US** **1274 NE BUSINESS PK PL  
JENSEN BCH FL 34957-5319  
US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified **12/06/1984** 3a. Date of Last Report **02/20/1996**  
4. FEI Number **59-2547092** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ADVANTAGE PROPERTY MGT., INC.  
1274 NE BUSINESS PARK PL  
JENSEN BCH. FL 34957**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ENGEL, ROBERT</b>	
STREET ADDRESS	<b>3990 SW GREENWOOD WAY #A</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VOWLES, DOREEN</b>	
STREET ADDRESS	<b>3931 SW GREENWOOD WAY #G</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>TDV</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLEN, WALTER</b>	
STREET ADDRESS	<b>3960 SW GREENWOOD WAY #H</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KLUNDWORTH, ALICE</b>	
STREET ADDRESS	<b>3960 SW GREENWOOD WAY #F</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>GILMOUR, ROBERT</b>	
STREET ADDRESS	<b>3930 SW GREENWOOD WAY #G</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PEROTTA, MIKE</b>	
1.3 STREET ADDRESS	<b>5961 SW GREENWOOD WAY #H</b>	
1.4 CITY-ST-ZIP	<b>PALM CITY FL</b>	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE REQUIRED

2/10/97 (561) 287-1974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071178

CR2E037 (9/96)