

FILE NOW: FILING FEE IS \$61.25

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May 08 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 # N20913 (2)**

1. Corporation Name

**COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CO  
NDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>FAIRWAYS CIRCLE OCALA FL 34472 US</b>	<b>1655 SW 5TH AVENUE OCALA FL 34474-3250</b>

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 Country
24	25
29	30

3. Name and Address of Current Registered Agent

**NOLEN, M. JANE  
ABS PROPERTY MANAGEMENT  
1655 SW 5TH AVENUE  
OCALA FL 34474-3250**

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<b>06/01/1987</b>	<b>59-2816485</b>	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	
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.1506, 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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<b>DSV EISENBERG, DEBORA 8203 FAIRWAYS CIRCLE, G-203 OCALA FL 34472</b>	<input checked="" type="checkbox"/> DELETE	<b>DTV Giovanniello, ALFred 8138 FAIRWAY CIRCLE S202 OCALA FL 34472</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D GIOVANNIELLO, JERRY 8142 FAIRWAYS CIRCLE, S-204 OCALA FL 34472</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D PENNA, IRIS 8246 FAIRWAYS CIRCLE, D-204 OCALA FL 34472</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DP QUERMAN, NORMAN 1710 TAMARACK STREET PLOVER WI</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DTV BARBOZA, DOLLIE 4860 N.W. 83 TERRACE OCALA FL 34482-8006</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dollie J Barboza 4/29/98 352-3689667

CR2037 (10/97)