

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12:08

**DOCUMENT # N36210 (5)**

1. Corporation Name

**COUNTRY CLUB VILLAS I OF SPRING LAKE HOMEOWNERS'  
ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1/2 E. MARK BREED III  
335 S COMMERCE  
SEBRING FL 33870**

**1/2 E. MARK BREED III  
335 S COMMERCE  
SEBRING FL 33870**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3013492** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREED, E. MARK III  
335 S COMMERCE  
SEBRING FL 33870**

81 Name **RALPH HORAKS**  
82 Street Address (P.O. Box Number is Not Acceptable) **1761 US HWY 27 SOUTH**  
83  
84 City **SEBRING** FL 85 Zip Code **33870**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**4/27/95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **BP**  
NAME **TELSCHOW, MICHAEL A.**  
STREET ADDRESS **8417 LAKE SHORE RD.**  
CITY - ST - ZIP **SEBRING FL**

1.1 TITLE  Change  Addition  
1.2 NAME **DP HOWARD WAMPIER**  
1.3 STREET ADDRESS **117 WEST NORTH ST**  
1.4 CITY - ST - ZIP **WYANDOT, IL 61379**

TITLE **BST**  
NAME **MIX, LOUISE J.**  
STREET ADDRESS **1021 GREENWOOD TERRACE**  
CITY - ST - ZIP **SEBRING FL**

2.1 TITLE  Change  Addition  
2.2 NAME **DST Joseph DeGerbo**  
2.3 STREET ADDRESS **1006 Villaway West**  
2.4 CITY - ST - ZIP **Sebring, FL 33870**

TITLE **D**  
NAME **McFARLING, JAMES**  
STREET ADDRESS **105 VILLA WAY DR**  
CITY - ST - ZIP **SEBRING FL**

3.1 TITLE  Change  Addition  
3.2 NAME **DVP Robert Biter**  
3.3 STREET ADDRESS **1012 SHORT AVE**  
3.4 CITY - ST - ZIP **GROSSON, PA 16630**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (changes), or on an attachment with an address.

SIGNATURE:

*Howard Wampler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SEBRING OFFICER OR DIRECTOR

**4/27/95 813 382 4433**  
DATE DAYTIME PHONE #