FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

% E. MARK BREED III

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # N36210

(5)

Mailing Address

% E. MARK BREED IN

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

335 S COMMERCE 335 S COMMERCE SEBRING FL 33870 SEBRING FL 33870 3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1990 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Country Club Villas Jerry L. JACKSON 59-3013492 Not Applicable \$8.75 Additional 6732 Concord St 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, USA 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HORAK, RALPH 82 1761 US HWY 27 SOUTH 83 SEBRING FL 33870 84 SEBRING 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 nor 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. (NOTE: Registered Agent signature required when reinstalling) ed agent and title if applicable (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Addition NAME WAMPLER, HOWARD 1.2 NAME CR2E037 STREET ADDRESS 117 W NORTH ST 13 STREET ADDRESS ZIP WAYANET IL 14 CITY-ST-ZIP DELETE DST 21 TITLE DECERBO, JOSEPH 2.2 NAME STREET ADDRESS 1006 VILLAWAY WEST 2 3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2 4 CITY-ST-ZIP SEBRIUG. DELETE DVP 3.1 TITLE NAME BITER, ROBERT 32 NAME STREET ADDRESS 1012 SHORT AVE 3.3 STREET ADDRESS CITY-ST-ZIP CRESSON PA 34. CiTY-ST ZIP TITLE DELETE 4 1 TITLE SAMES BRIGGS NAME 4. 2 NAME 7455 COLONTAL STREET ADDRESS 4.3 STREET ADDRESS DEARBORN HEIGHTS CITY-ST-ZIP 4.4 CITY - ST - ZIP

5.1 TITLE

5 2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5 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 innual 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 phanged, or on an attachment with an address. SIGNATURE:

DELETE

DELETE

AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR גם נו נוס א م بديا داد

RAY NORMANDIN

6440 CONCORD St.