

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 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
---	---	---

**DOCUMENT # N36210 (5)**  
1. Corporation Name  
**COUNTRY CLUB VILLAS I OF SPRING LAKE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>JERRY L JACKSON 6732 CONCORD ST SEBRING FL 33870 US</b>	Mailing Address <b>COUNTRY CLUB VILLAS P. O. BOX 455 LORIDA FL 33857-0455 US</b>
---	---

3. Date Incorporated or Qualified <b>01/17/1990</b>	3a. Date of Last Report <b>04/10/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
4. FEI Number <b>59-3013492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. City & State <b>22</b>	7. City & State <b>27</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. Zip <b>24</b>	23. Zip <b>29</b>
24. Country <b>25</b>	24. Country <b>30</b>

9. Name and Address of Current Registered Agent <b>JERRY L. JACKSON 6732 CONCORD ST SEBRING FL 33870</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<b>WAMPLER, HOWARD</b> <input type="checkbox"/> DELETE	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>DST</b>	<b>KENNETH JOHNSON</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>DVP</b>	<b>BITER, ROBERT</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>JAMES BRIGGS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>RAY NORMANDIN</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>JERRY GOORMASTIC</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>6151 HIGHLANDS ST.</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>DEARBORN HEIGHTS, MI 48127</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jerry Goormastic **REQUIRED** Date: 4/23/97 Daytime Phone #: 941-655-4191

CP2E037 (9/96)