

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfitt</b> Secretary of State DIVISION OF CORPORATIONS
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**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 US</b>
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3. Date Incorporated or Qualified  
**01/17/1990**

4. FEI Number  
**59-3013492**

Applied For	
Not Applicable	

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
25	30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JERRY L JACKSON  
6732 CONCORD ST  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

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

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]* DATE **3-6-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAMPLER, HOWARD</b>	
STREET ADDRESS	<b>117 W NORTH ST</b>	
CITY-ST-ZIP	<b>WYANET IL</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KENNETH JOHNSON</b>	
STREET ADDRESS	<b>1500 VILLAWAY WEST</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BITER, ROBERT</b>	
STREET ADDRESS	<b>1012 SHORT AVE</b>	
CITY-ST-ZIP	<b>CRESSON PA 14630</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES BRIGGS</b>	
STREET ADDRESS	<b>7455 COLONIAL</b>	
CITY-ST-ZIP	<b>DEARBORN HEIGHTS MI 48127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOORMASTIC, JERRY</b>	
STREET ADDRESS	<b>6151 HIGHLANDS ST.</b>	
CITY-ST-ZIP	<b>DEARBORN HEIGHTS MI 48127</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>R.L. BROCHU</b>
2.3 STREET ADDRESS	<b>3 EDEN TRAIL RD.</b>
2.4 CITY-ST-ZIP	<b>BERNARDSTON, MA 01337</b>
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	<b>DYP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>DST</b> <input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>Robert B. Scullin</b>
6.3 STREET ADDRESS	<b>7 EASY STREET</b>
6.4 CITY-ST-ZIP	<b>SELING ROVE, PA 17870</b>

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: *[Signature]* DATE: **3/6/98 941-655-1031**

CR2E037 (10/97)