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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36210

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

Principal Place of Business JERRY L JACKSON 6732 CONCORD ST SEBRING FL 33870 US	Mailing Address COUNTRY CLUB VILLAS P. O. BOX 455 LORIDA FL 33857 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/17/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3013492
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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

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: *Jerry L. Jackson* **JERRY L. JACKSON** DATE: **2-26-99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SEALLIN, ROBERT B
STREET ADDRESS	7 EASY ST
CITY-ST-ZIP	SELINGROVE PA 17870
TITLE	D <input type="checkbox"/> DELETE
NAME	BROCHU, R L
STREET ADDRESS	3 EDEN TRAIL RD
CITY-ST-ZIP	BERNARDSTON MA 01337
TITLE	DP <input type="checkbox"/> DELETE
NAME	BITER, ROBERT
STREET ADDRESS	1012 SHORT AVE
CITY-ST-ZIP	CRESSON PA 16630
TITLE	DVP <input type="checkbox"/> DELETE
NAME	JAMES BRIGGS
STREET ADDRESS	7455 COLONIAL
CITY-ST-ZIP	DEARBORN HEIGHTS IN 48127
TITLE	DST <input type="checkbox"/> DELETE
NAME	GOORMASTIC, JERRY
STREET ADDRESS	6151 HIGHLANDS ST.
CITY-ST-ZIP	DEARBORN HEIGHTS MN 48127
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	702 VILLAWAY
2.4 CITY-ST-ZIP	SEBRING, FL 33870
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	82 COUNTRY Club Rd.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	15 CANFIELD CIRCLE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jerry L. Jackson* **SIGNATURE REQUIRED** DATE: _____ DAYTIME PHONE #: **944-655-332Y**

CR2E037 (11/98)