


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90192 010 ****61.25

DOCUMENT # N36210 1. Entity Name COUNTRY CLUB VILLAS I OF SPRING LAKE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business JERRY L JACKSON 6732 CONCORD ST SEBRING FL 33876 US	Mailing Address COUNTRY CLUB VILLAS P. O. BOX 0455 LORIDA FL 33857 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business 702 Villaway	3. Mailing Address Suite, Apt. #, etc.
City & State Sebring FL	City & State
Zip 33876	Country USA

4. FEI Number 59-3013492	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JERRY L. JACKSON 6732 CONCORD ST SEBRING FL 33870
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7. Name and Address of New Registered Agent Name RONALD L. BROCHU Street Address (P.O. Box Number is Not Acceptable) 702 Villaway City SEBRING FL Zip Code 33876
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ronald L Brochu* **RONALD L. Brochu** **DIRECTOR/PRESIDENT** **APRIL 9, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	DVP SCULLIN, ROBERT B <input type="checkbox"/> Delete 7 EASY ST SELINSCROVE PA 17870
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete BROCHU, R L 702 VILLAWAY SEBRING FL 33876
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete HAVLOCK, MILLIE 1918 VILLAWAY E. SEBRING FL 33876
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete POWERS, JAMES 18585 PAULIS WAY SOUTH BEND IN 46637
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete MASTER, ROBERT 1430 HOUSE NE BELMONT MI 49306
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald L Brochu* **RONALD L. Brochu** **DIRECTOR/PRESIDENT** **APRIL 9, 2004** **863-655-0305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #