


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90140 049 ****61.25

DOCUMENT # N36210

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



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3013492**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent.

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete

NAME **DST SCULLIN, ROBERT B**

STREET ADDRESS **7 EASY ST**

CITY-ST-ZIP **SELINSCROVE PA 17870**

TITLE Change Addition

NAME **DVP**

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **DVP BROCHU, R L**

STREET ADDRESS **702 VILLAWAY**

CITY-ST-ZIP **SEBRING FL 33876**

TITLE Change Addition

NAME **DP**

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **DP BITER, ROBERT**

STREET ADDRESS **82 COUNTRY CLUB RD.**

CITY-ST-ZIP **CRESSON PA 16630**

TITLE Change Addition

NAME **DST MILLIE HAVLOCK**

STREET ADDRESS **1918 VILLAWAY E**

CITY-ST-ZIP **SEBRING, FL 33876**

TITLE Delete

NAME **D RYAN, MIKE**

STREET ADDRESS **1615 40TH STREET CT**

CITY-ST-ZIP **MOLINE IL 61265**

TITLE Change Addition

NAME **D JAMES POWERS**

STREET ADDRESS **18585 PAULISWAY**

CITY-ST-ZIP **SOUTH BEND, IN 46637**

TITLE Delete

NAME **D POE, LINDA**

STREET ADDRESS **6632 CORAL RIDGE RD**

CITY-ST-ZIP **SEBRING FL 33876**

TITLE Change Addition

NAME **D ROBERT MASTER**

STREET ADDRESS **1430 HOUSE-NE**

CITY-ST-ZIP **BELMONT, MA 01731**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change 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: *[Signature]* **RONALD BROCHU 3/4/2003 (863) 655-0305**

CR2E037 (10/02)