

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711605 (6)
1. Corporation Name
COUNTRY CLUB ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business: 700 WATERWAY VENICE FL 34285
Mailing Address: 700 WATERWAY VENICE FL 34285

3. Date Incorporated or Qualified: 10/10/1966
3a. Date of Last Report: 03/15/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1811586	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SVERIKA, MARGARET
722 GREEN CIRCLE
VENICE FL 34285

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SCHWANZ, NED	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	746 GREEN CIR N		1.2 NAME
STREET ADDRESS	VENICE FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	ST SVERIKA, MARGARET	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	722 GREEN CIR		2.2 NAME
STREET ADDRESS	VENICE FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	V HUNT, ROBERT	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	823 GREEN CIRCLE		3.2 NAME
STREET ADDRESS	VENICE, FL 00000		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	V HENTHORN, CARL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	712 WATERWAY		4.2 NAME
STREET ADDRESS	VENICE, FL 00000		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	PRD MILLIGAN, GERALD	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	758 WATERWAY		5.2 NAME
STREET ADDRESS	VENICE FL		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	D DESROSIER, LOIS	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	811 STYME		6.2 NAME
STREET ADDRESS	VENICE FL		6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Margaret A. Sverika* Margaret A. Sverika 02/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)