


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90061 033 \*\*\*\*61.25

0068942

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 711605**

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/10/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1811586
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  CENTRY, LEO H. 817 CAREFREE VENICE FL 34285	10. Name and Address of New Registered Agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST GENTRY, LEO 817 CAREFREE VENICE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE ST FIDUCCIA, VINCENT 625 LEISURE VENICE FL
NAME		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
STREET ADDRESS			2.1 TITLE P HOFFMAN, BETTY 702 GREEN CIRCLE VENICE FL
CITY-ST-ZIP		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE	P HOFFMAN, BETTY 702 GREEN CIRCLE VENICE FL	<input type="checkbox"/> DELETE	2.2 NAME P JIM OWENS 820 GREEN CIRCLE VENICE, FL
NAME		<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
STREET ADDRESS			3.1 TITLE VP COIL, JOHN 640 GREEN CIRCLE VENICE FL
CITY-ST-ZIP		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE	VP FIDUCCIA, VINCE 625 LEISURE VENICE FL	<input checked="" type="checkbox"/> DELETE	3.2 NAME D BETTY GARLAND 730 WATERWAY VENICE, FL
NAME		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	PRD COIL, JOHN 640 GREEN CIRCLE VENICE FL	<input type="checkbox"/> DELETE	4.1 TITLE PRD COIL, JOHN 640 GREEN CIRCLE VENICE, FL
NAME		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
TITLE	D DESROSIERS, LOIS 811 STYME VENICE FL	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
STREET ADDRESS			5.1 TITLE
CITY-ST-ZIP			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME		<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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: \_\_\_\_\_ SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 1-19-99 941 484 9362  
 Date Daytime Phone #

CR2E037 (1/198)