

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 # 717609 (2)
1. Corporation Name
COUNTRY CLUB ESTATE CIVIC ASSOCIATION, INC.



Principal Place of Business
**12707 COLLEGE HILL DRIVE
HUDSON FL 34667-1821
US**

Mailing Address
**12707 COLLEGE HILL DRIVE
HUDSON FL 34667-1821
US**

12707 COLLEGE HILL DRIVE

3. Date Incorporated or Qualified **11/24/1969** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business
21 12707 COLLEGE HILL DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 12707 COLLEGE HILL DRIVE
Suite, Apt. #, etc.

4. FEI Number **59-2929197** Applied For
Not Applicable

22 HUDSON, FLORIDA
City & State

27 HUDSON, FLORIDA
City & State

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

23 34667-1821 PASCO
Zip Country

28 HUDSON, FLORIDA
Zip Country

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

24 34667-1821 25 PASCO
Zip Country

29 34667-1821 30 PASCO
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKESON, ROBERT
7405 PRINCETON DRIVE
HUDSON FL 34667**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARKSDALE, JAY	
STREET ADDRESS	12714 COLLEGE HILL DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	COBB, MARY	
STREET ADDRESS	12814 SPRING AVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GITT, JEAN	
STREET ADDRESS	12813 VASSAR CT.	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKERMAN, HARRY	
STREET ADDRESS	7215 PRINCETON DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLTHORP, JAMES	
STREET ADDRESS	12607 COLLEGE HILL DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DICKESON, ROBERT	
STREET ADDRESS	7405 PRINCETON DRIVE	
CITY-ST-ZIP	HUDSON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUGENE BLASKOWSKI	
1.3 STREET ADDRESS	7212 UNIVERSITY DRIVE	
1.4 CITY-ST-ZIP	HUDSON, FL 34667-1821	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL GALLUCCI	
2.3 STREET ADDRESS	7313 COUNTRY CLUB DRIVE	
2.4 CITY-ST-ZIP	HUDSON, FL 34667-1821	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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: *Jean Gitt* **JEAN GITT (SECRETARY)**

FEB. 1, 1996 813-8682164

Date Daytime Phone #

CR2E037 (12/95)