

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717609** (2)  
1. Corporation Name  
**COUNTRY CLUB ESTATE CMIC ASSOCIATION, INC.**

Principal Place of Business <b>12707 COLLEGE HILL DRIVE HUDSON FL 34667-1821 US</b>	Mailing Address <b>12707 COLLEGE HILL DRIVE HUDSON FL 34667-1821 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/24/1969</b>	4. FEI Number <b>59-2929197</b>	Applied For Not Applicable
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**THOMPSON, HOWARD  
7408 PRINCETON DRIVE  
HUDSON FL 34667**

10. Name and Address of New Registered Agent 81 Name <b>James F. Kelley, Sr.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12802 College Hill Drive</b> 83 84 City <b>Hudson</b> <b>FL</b> 85 Zip Code <b>34667</b>
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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 *James F. Kelley, Sr.* **James F. Kelley, Sr., President** **2/5/1998**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BLASKOWSKI, EUGENE</b>
STREET ADDRESS	<b>7212 UNIVERSITY DRIVE</b>
CITY-ST-ZIP	<b>HUDSON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>GALLUCCI, PAUL</b>
STREET ADDRESS	<b>7313 COUNTRY CLUB DRIVE</b>
CITY-ST-ZIP	<b>HUDSON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>GITT, JEAN</b>
STREET ADDRESS	<b>12813 VASSAR CT.</b>
CITY-ST-ZIP	<b>HUDSON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ACKERMAN, HARRY</b>
STREET ADDRESS	<b>12804 SPRING AVE</b>
CITY-ST-ZIP	<b>HUDSON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SERIO, BEVERLY</b>
STREET ADDRESS	<b>12804 SPRING AVE</b>
CITY-ST-ZIP	<b>HUDSON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, HOWARD</b>
STREET ADDRESS	<b>7408 PRINCETON DRIVE</b>
CITY-ST-ZIP	<b>HUDSON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THOMPSON, HOWARD</b>
1.3 STREET ADDRESS	<b>7408 PRINCETON DRIVE</b>
1.4 CITY-ST-ZIP	<b>HUDSON, FL 34667</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>COBB, MARY</b>
2.3 STREET ADDRESS	<b>12814 SPRING AVE</b>
2.4 CITY-ST-ZIP	<b>HUDSON FL 34667</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SPRANG, DOVIE F.</b>
3.3 STREET ADDRESS	<b>7410 PRINCETON DRIVE</b>
3.4 CITY-ST-ZIP	<b>HUDSON FL 34667</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KELLEY, JAMES F., SR.</b>
6.3 STREET ADDRESS	<b>12802 COLLEGE HILL DRIVE</b>
6.4 CITY-ST-ZIP	<b>HUDSON FL 34667</b>

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 by an attachment with an address.

SIGNATURE: *James F. Kelley, Sr.* **2/5/1998** (813) 863-6836

CR2E037 (1097)