

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 # 727123 (2)
1. Corporation Name
COUNTRY CLUB LANE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7509 W 7 RIVERS DR.
CRYSTAL RIVER FL 34429
US

Mailing Address

7509 W 7 RIVERS DR.
CRYSTAL RIVER FL 34429
US

3. Date Incorporated or Qualified
08/07/1973

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 7519 W 7 RIVERS DR

26 7519 W 7 RIVERS DR

4. FEI Number
59-2896760

Applied For
Not Applicable

22 Suite, Apt. #, etc.
CRYSTAL RIVER

27 Suite, Apt. #, etc.
CRYSTAL RIVER

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

23 City & State
FLORIDA

28 City & State
FLORIDA

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

24 Zip
34429

25 Country
CITRUS

29 Zip
34429

30 Country
CITRUS

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

9. Name and Address of Current Registered Agent

CRAMER, DIXIE
7509 W 7 RIVERS DRIVE
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name LOISA PONCY
82 Street Address (P.O. Box Number is Not Acceptable)
7519 W. 7 RIVERS DRIVE
83 CRYSTAL RIVER
84 City FL 85 Zip Code 34429

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 officer 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 Loisa A. Poncey
Signature, typed or printed name of registered agent and title (if applicable)

Loisa A. Poncey
(NOTE: Registered Agent signature required when reinstating)

3/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME NOVAK, WILLIAM J
STREET ADDRESS 7517 W. SEVEN RIVERS DR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VPD ☐ DELETE
NAME CRAMMER, DIXIE
STREET ADDRESS 7509 W. SEVEN RIVERS DR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE STD ☐ DELETE
NAME PONCY, LOIS
STREET ADDRESS 7519 W. SEVEN RIVERS DR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE
NAME MOSLEY, THELMA B
STREET ADDRESS 7513 W. SEVEN RIVERS DR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE
NAME BURDICK, ELAINE
STREET ADDRESS 7511 W. SEVEN RIVERS DR.
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE D ☐ DELETE
NAME GRIFFITH, WILLIAM
STREET ADDRESS 5279 PINE RIDGE BLVD.
CITY-ST-ZIP BEVERLY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Loisa A. Poncey - Loisa A. Poncey 3/6/96 904-563-5649
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)