

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727123** (2)
1. Corporation Name
COUNTRY CLUB LANE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7519 W 7 RIVERS DRIVE CRYSTAL RIVER FL 34429 US	Mailing Address 7519 W 7 RIVERS DRIVE CRYSTAL RIVER FL 34429-7781 US
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3. Date Incorporated or Qualified 08/07/1973	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2896760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PONCY, LOISA
7519 W 7 RIVERS DRIVE
CRYSTAL RIVER FL 34429**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, WILLIAM J	1.2 NAME	
STREET ADDRESS	7517 W. SEVEN RIVERS DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMMER, DIXIE	2.2 NAME	
STREET ADDRESS	7509 W. SEVEN RIVERS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCY, LOIS	3.2 NAME	
STREET ADDRESS	7519 W. SEVEN RIVERS DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, THELMA B	4.2 NAME	
STREET ADDRESS	7513 W. SEVEN RIVERS DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, ELAINE	5.2 NAME	
STREET ADDRESS	7511 W. SEVEN RIVERS DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, WILLIAM	6.2 NAME	
STREET ADDRESS	5279 PINE RIDGE BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Lois P. Ponce* **Lois P. Ponce, Sec. Treas.** 3/20/97 352-835649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085020

CR2E037 (9/96)