

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90007 019 \*\*\*\*61.25

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**DOCUMENT # 727123**

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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/07/1973

4. FEI Number

59-2896760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**Kenneth CoATMEY**  
**7511 W. SEVEN RIVERS DR.**  
**CRYSTAL RIVER FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)