

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727123

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2896760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME PONCY, LOIS  
STREET ADDRESS 7519 W. SEVEN RIVERS DR.  
CITY-ST-ZIP CYRSTAL RIVER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COATNEY, KENNETH  
STREET ADDRESS 7511 W. SEVEN RIVERS DR.  
CITY-ST-ZIP CYRSTAL RIVER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)