

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90196 006 \*\*\*\*61.25

**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  
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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD NOVAK, WILLIAM J	<input type="checkbox"/> Delete
STREET ADDRESS	7517 W. SEVEN RIVERS DR.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE NAME	VPD CRAMMER, DIXIE	<input type="checkbox"/> Delete
STREET ADDRESS	7509 W. SEVEN RIVERS DR.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE NAME	STD PONCY, LOIS	<input type="checkbox"/> Delete
STREET ADDRESS	7519 W. SEVEN RIVERS DR.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE NAME	D COUNTS, RUBY	<input type="checkbox"/> Delete
STREET ADDRESS	7513 W. SEVEN RIVERS DR.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE NAME	D COATNEY, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	7511 W. SEVEN RIVERS DR.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE NAME	D GRIFFITH, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	5279 PINE RIDGE BLVD.	
CITY - ST - ZIP	BEVERLY FL	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Loisa Poncy* 4/20/03 352-563-5649

CR2E037 (10/02)