FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728254 (4)

1. Corporation Name

COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NA PLES, INC.

Principal Place of Business	Mailing Address
5467 RATTLESNAKE HMK. RD. NAPLES FL 33962	5467 RATTLESNAKE HMK. RD. NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1974
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1529413 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LYNCH, PATRICIA
5467 RATTLESNAKE HMK RD
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: Jack D. Mellan, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 844 Anchor Rode Drive
83
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jack D. Mellan (Signature of the printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required if any box in 10 is filled) 4/27/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VD ☒ Change ☐ Addition
NAME	CAMPBELL, DAVID	12 NAME	ED Morrison
STREET ADDRESS	5419 RATTLESNAKE HMK RD	13 STREET ADDRESS	5467 Rattlesnake Hmk. Rd.
CITY ST ZIP	66R	14 CITY ST ZIP	Naples, Fl 33962
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	PETERSEN, IVAN	22 NAME	
STREET ADDRESS	5485 RATTLESNAKE HMK RD	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	D ☒ Change ☐ Addition
NAME	LANDIS, CLARANELL	32 NAME	Claranell Landis
STREET ADDRESS	567 RATTLESNAKE HMK RD	33 STREET ADDRESS	6483 Rattlesnake HMK. Rd.
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP	Naples, Fl 33962
TITLE	PD	41 TITLE	PD ☒ Change ☐ Addition
NAME	BULAT, LEONARD	42 NAME	Robert E. Jones
STREET ADDRESS	5499 RATTLESNAKE HMK RD	43 STREET ADDRESS	5467 Rattlesnake HMK. RD.
CITY ST ZIP	NAPLES FL	44 CITY ST ZIP	Naples, Fl 33962
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	ROSEN, MARY LOU	52 NAME	Vernon Brumley
STREET ADDRESS	5499 RATTLESNAKE HMK RD	53 STREET ADDRESS	6435 Rattlesnake HMK. RD.
CITY ST ZIP	NAPLES FL	54 CITY ST ZIP	Naples, Fl 33962
TITLE	VD	61 TITLE	SD ☒ Change ☐ Addition
NAME	HINZE, RAYMOND	62 NAME	Veora Hobig
STREET ADDRESS	5419 RATTLESNAKE HMK RD	63 STREET ADDRESS	5483 Rattlesnake HMK Rd
CITY ST ZIP	NAPLES FL	64 CITY ST ZIP	Naples, Fl 33962

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)(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: Robert E. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

5/9/95 (Date) (813) 434 7447 (Daytime Phone #)

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