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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:01

DOCUMENT # **728881** **(4)**

1. Corporation Name

COUNTRY CLUB POINTE PROPERTY OWNER'S ASSOCIATION , INC.

Principal Place of Business	Mailing Address
3001 GOLFVIEW DR. VERO BEACH FL 32960	3001 GOLFVIEW DR. VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1974
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-2244916 ☐ 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 3008 NASSAU DR	26 3008 NASSAU DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VERO BEACH FL.	City & State 28 VERO BEACH, FL
Zip 24 32960 Country 25	Zip 29 32960 Country 30 U.S.

9. Name and Address of Current Registered Agent

LONG, TERRY
3001 GOLFVIEW DR.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: ARLENE FRIEDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3008 NASSAU DR
83
84 City: VERO BEACH FL 85 Zip Code: 32960

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: Arlene Friedman, Treasurer · ARLENE FRIEDMAN 4/25/95
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	TD	11 TITLE	TD	☑ Change ☐ Addition
NAME	LONG, TERRY	12 NAME	ARLENE FRIEDMAN	
STREET ADDRESS	3001 GOLFVIEW DR.	13 STREET ADDRESS	3008 NASSAU DR.	
CITY-ST-ZIP	VERO BCH, FL 00000	14 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	MCKEE, JOHN	22 NAME	DAVE WILLIAMS	
STREET ADDRESS	3030 NASSAU DR.	23 STREET ADDRESS	3014 GOLFVIEW DR	
CITY-ST-ZIP	VERO BCH, FL 00000	24 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	BERMAN, BERNIE	32 NAME	BOB BROWN	
STREET ADDRESS	3001 NASSAU DR.	33 STREET ADDRESS	3011 CALCUTTA DR.	
CITY-ST-ZIP	VERO BCH, FL 00000	34 CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	PD	41 TITLE	PD	☑ Change ☐ Addition
NAME	WILLIAMS, DAVE	42 NAME	LETA BROWN	
STREET ADDRESS	3014 GOLFVIEW DR.	43 STREET ADDRESS	3011 CALCUTTA DR	
CITY-ST-ZIP	VERO BCH, FL 00000	44 CITY-ST-ZIP	VERO BEACH, FL. 32960	
TITLE	D	51 TITLE	D TERRY LONG	☑ Change ☐ Addition
NAME	JACKSON, JACK	52 NAME		
STREET ADDRESS	3030 PAR DR.	53 STREET ADDRESS	3001 GOLFVIEW DR.	
CITY-ST-ZIP	VERO BCH, FL 00000	54 CITY-ST-ZIP	VERO BEACH, FL. 32960	
TITLE	SD	61 TITLE	SD	☑ Change ☐ Addition
NAME	DWYER, JAMES	62 NAME	PHYL GILBERT	
STREET ADDRESS	3001 CALCUTTA DR.	63 STREET ADDRESS	3027 GOLF VIEW DR.	
CITY-ST-ZIP	VERO BEACH FL	64 CITY-ST-ZIP	VERO BEACH FL. 32960	

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)(k), 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: ARLENE FRIEDMAN (Arlene Friedman) 4/25/95 407-770-1766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000482