

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728881 (4)

1. Corporation Name

COUNTRY CLUB POINTE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

3008 NASSAU DR.
VERO BEACH FL 32960
US

Mailing Address

3008 NASSAU DR.
VERO BEACH FL 32960
US



3. Date Incorporated or Qualified
02/20/1974

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDMAN, ARLENE
3008 NASSAU DR.
VERO BEACH FL 32960**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **FRIEDMAN, ARLENE**
STREET ADDRESS **3008 NASSAU DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WILLIAM, DAVE**
STREET ADDRESS **3014 GOLFVIEW DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

21 TITLE **D** ☒ Change ☐ Addition
22 NAME **RICK VAN TASSEL**
23 STREET ADDRESS **3080 PAR DR.**
24 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **VD** ☒ DELETE
NAME **BROWN, BOB**
STREET ADDRESS **3011 CALCUTTA DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

31 TITLE **VD** ☒ Change ☐ Addition
32 NAME **SUSAN HELMAN**
33 STREET ADDRESS **3000 PAR DR.**
34 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **PD** ☒ DELETE
NAME **BROWN, LETTA**
STREET ADDRESS **3011 CALCUTTA DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

41 TITLE **P.D** ☒ Change ☐ Addition
42 NAME **LETA C. BROWN**
43 STREET ADDRESS **3011 CALCUTTA DR.**
44 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **D** ☒ DELETE
NAME **LONG, TERRY**
STREET ADDRESS **3001 COLVIEW DR.**
CITY-ST-ZIP **VERO BCH, FL 00000**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **DARRELL WOOFER**
53 STREET ADDRESS **3040 NASSAU DR**
54 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **SD** ☐ DELETE
NAME **GILBERT, PHYL**
STREET ADDRESS **3027 GOLFVIEW DR.**
CITY-ST-ZIP **VERO BEACH FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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* 3/30/96 - 407-770-1766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)