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CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748776 (2)

1. Corporation Name
COUNTRY CLUB VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
1600 LENOX COURT NE 1600 LENOX COURT NE
PALM BAY FL 32905 PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1979 3a. Date of Last Report 03/25/1994

4. FEI Number 59-2348602 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWLER, THOMAS W.
1629 AVER RD. N.E.
PALM BAY FL 32905

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FAGAN, HARRY P JR.
STREET ADDRESS 1535 DAWES RD. N.E.
CITY-ST-ZIP PALM BAY FL

TITLE VP
NAME OATES, KENNETH
STREET ADDRESS 1665 LENOX COURT N.E.
CITY-ST-ZIP PALM BAY FL

TITLE S
NAME SHEARD, DORIS M
STREET ADDRESS 1549 WALDORF CIRCLE N.E.
CITY-ST-ZIP PALM BAY FL

TITLE T
NAME HOYT, IRA
STREET ADDRESS 1662 DAWES ROAD, NE
CITY-ST-ZIP PALM BAY FL

TITLE D
NAME MAGNO, BOB
STREET ADDRESS 1619 AVERY RD. N.E.
CITY-ST-ZIP PALM BAY FL

TITLE D
NAME FRINK, CYNTHIA
STREET ADDRESS 1687 AVERY RD. N.E.
CITY-ST-ZIP PALM BAY FL

1.1 TITLE P - D Change Addition
1.2 NAME DONALD SCOTT
1.3 STREET ADDRESS 1623 AVERY RD. N.E.
1.4 CITY-ST-ZIP PALM BAY, FL. 32905

2.1 TITLE VP - D Change Addition
2.2 NAME DORIS SHEARD
2.3 STREET ADDRESS 1549 WALDORF CIRCLE N.E
2.4 CITY-ST-ZIP PALM BAY, FL. 32905

3.1 TITLE S - D Change Addition
3.2 NAME EVELYN GAST
3.3 STREET ADDRESS 1646 DAWES ROAD N.E.
3.4 CITY-ST-ZIP PALM-BAY, FL. 32905

4.1 TITLE T Change Addition
4.2 NAME IRA HOYT
4.3 STREET ADDRESS 1662 DAWES ROAD N.E.
4.4 CITY-ST-ZIP PALM-BAY, FL. 32905

5.1 TITLE D Change Addition
5.2 NAME CYNTHIA FRINK
5.3 STREET ADDRESS 1687 AVERY ROAD N.E.
5.4 CITY-ST-ZIP PALM BAY, FL. 32905

6.1 TITLE D Change Addition
6.2 NAME MAUREEN MORIARITY
6.3 STREET ADDRESS 1518 WALDORF CIRCLE N.E.
6.4 CITY-ST-ZIP PALM BAY, FL. 32905

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the reduced filing fee under 119.07(3)(b), 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:

Donald C. Scott
DONALD C. SCOTT

1/16/95 407-251-1962

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #