FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 748776 (2)

1. Corporation Name

COUNTRY CLUB VISTA PROPERTY OWNERS' ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: **09/05/1979**
3a. Date of Last Report: **02/15/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCOTT, DONALD		1.2 NAME	John Klock	
STREET ADDRESS	1623 AVERY RD. N.E.		1.3 STREET ADDRESS	1679 Avery Rd N.E	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHEARD, DORIS		2.2 NAME	Donald Chase	
STREET ADDRESS	1549 WALDORF CIRCLE N.E.		2.3 STREET ADDRESS	1695 Dawes Rd NE	
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GAST, EVELYN		3.2 NAME	Maureen Moriarity	
STREET ADDRESS	1646 DAWES ROAD N.E.		3.3 STREET ADDRESS	1518 Waldorf Circle NE	
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP	Palm Bay, Fl 32905	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	HOYT, IRA		4.2 NAME	Cynthia Frink	
STREET ADDRESS	1662 DAWES ROAD, NE		4.3 STREET ADDRESS	1687 Avery Rd NE	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	Palm Bay, Fl 32905	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FRINK, CYNTHIA		5.2 NAME	Joseph Catherina	
STREET ADDRESS	1687 AVERY ROAD N.E.		5.3 STREET ADDRESS	874 Lawnwood Ave NE	
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP	Palm Bay, Fl. 32905	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MORIARITY, MAUREEN		6.2 NAME	Doris Sheard	
STREET ADDRESS	1518 WALDORF CIRCLE N.E.		6.3 STREET ADDRESS	1549 Waldorf Circle NE	
CITY-ST-ZIP	PALM BAY FL		6.4 CITY-ST-ZIP	Palm Bay, Fl, 32905	

CR2E037 (12/95)

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: John E. Klock (JOHN E. KLOCK) 2/6/96 407-729-6890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT, CCV-POA