

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 1600 LENOX COURT NE PALM BAY FL 32905	Mailing Address 1600 LENOX COURT NE PALM BAY FL 32905-4550
---	--

3. Date Incorporated or Qualified 09/05/1979	3a. Date of Last Report 02/13/1996
--	--

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. Zip
24. Country	29. Country

4. FEI Number 59-2348802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KLOCK, JOHN 1679 AVERY ROAD NE PALM BAY FL	1.1 TITLE	PD JOHN KLOCK 1679 Avery Rd. NE Palm Bay, Fl. 32905
NAME	VD CHASE, DONALD 1695 DAWES ROAD NE PALM BAY FL	2.1 TITLE	VD CHASE, DONALD 1695 Dawes Rd. NE Palm Bay, Fl. 32905
STREET ADDRESS	SD MORIARITY, MAUREEN 1518 WALDORF CIRCLE NE PALM BAY FL	2.2 NAME	SD MORIARITY, MAUREEN 1518 Waldorf Circle NE Palm Bay, Fl. 32905
CITY-ST-ZIP	TD FRINK, CYTHIA 1887 AVERY ROAD NE PALM BAY FL	2.3 STREET ADDRESS	TD FAKATSELIS, JOHN 1560 Waldorf Circle NE Palm Bay, Fl. 32905
TITLE	D CATHERINA, JOSEPH 874 LAWNWOOD AVENUE NE PALM BAY FL	2.4 CITY-ST-ZIP	D CATHERINA, JOSEPH 874 Lawnwood Ave. NE Palm Bay, Fl. 32905
NAME	D SHEARD, DORIS 1549 WALDORF CIRCLE NE PALM BAY FL	3.1 TITLE	D McIVER, CLARA 1559 Avery Rd. NE Palm Bay, Fl. 32905
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: *[Signature]* 1/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0018718

CR2E037 (9/96)