

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/05/1979	4. FEI Number 59-2348602	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	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
LAWLER, THOMAS W.
1080 Meadowbrook Rd. NE
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	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLOCK, JOHN		1.2 NAME John Fakatselis	
STREET ADDRESS 1679 AVERY ROAD NE		1.3 STREET ADDRESS 1560 Waldorf Circle NE	
CITY-ST-ZIP PALM BAY FL		1.4 CITY-ST-ZIP Palm Bay, FL. 32905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHASE, DONALD		2.2 NAME Clare Ryan	
STREET ADDRESS 1695 DAWES ROAD NE		2.3 STREET ADDRESS 835 Regal Ave. NE	
CITY-ST-ZIP PALM BAY FL		2.4 CITY-ST-ZIP Palm Bay, FL. 32905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORIARTY, MAUREEN		3.2 NAME Arden Johnson	
STREET ADDRESS 1518 WALDORF CIRCLE NE		3.3 STREET ADDRESS 3611 Zimmerman Road	
CITY-ST-ZIP PALM BAY FL		3.4 CITY-ST-ZIP Traverse City, MI 49684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAKATSELIS, JOHN		4.2 NAME Bill Watts	
STREET ADDRESS 1560 WALDORF CIRCLE NE		4.3 STREET ADDRESS 1691 Dawes Rd. NE	
CITY-ST-ZIP PALM BAY FL		4.4 CITY-ST-ZIP Palm Bay, FL. 32905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATHERINA, JOSEPH		5.2 NAME Joseph Catherine	
STREET ADDRESS 874 LAWNWOOD AVENUE NE		5.3 STREET ADDRESS 3034 Fieldcrest Lane	
CITY-ST-ZIP PALM BAY FL		5.4 CITY-ST-ZIP Toms River, NJ 08755	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCIVER, CLARA		6.2 NAME Clara McIver	
STREET ADDRESS 1559 AVERY RD NE		6.3 STREET ADDRESS P.O. Box 13	
CITY-ST-ZIP PALM BAY FL		6.4 CITY-ST-ZIP Lowry, MN 56349	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

John Fakatselis

02/10/98

(407) 729-4733

CR2E037 (10/97)