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Feb 24, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748776

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/05/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2348602	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country	30	

9. Name and Address of Current Registered Agent

LAWLER, THOMAS W.  
~~XXXXX~~ 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

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	PD <del>DELETE</del>	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAKATSELIS, JOHN	1.2 NAME	Bill Watts
STREET ADDRESS	1560 WALDORF CIR NE	1.3 STREET ADDRESS	1691 Dawes Road NE
CITY-ST-ZIP	PALM BAY FL 32905	1.4 CITY-ST-ZIP	Palm Bay, FL. 32905
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, CLARE	2.2 NAME	Arden Johnson
STREET ADDRESS	835 REGAL AVE NE	2.3 STREET ADDRESS	1600 US - 1, Lot 229
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	Malabar, Fl. 32950
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ARDEN	3.2 NAME	Clare Ryan
STREET ADDRESS	3611 ZIMMERMAN RD	3.3 STREET ADDRESS	835 Regal Ave. NE
CITY-ST-ZIP	TRAVERSE CITY MI 49684	3.4 CITY-ST-ZIP	Palm Bay, FL. 32905
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, BILL	4.2 NAME	Clara McIver
STREET ADDRESS	1691 DAWES RD NE	4.3 STREET ADDRESS	1659 Avery Rd NE
CITY-ST-ZIP	PALM BAY FL 32905	4.4 CITY-ST-ZIP	Palm Bay, FL. 32905
TITLE	D <del>DELETE</del>	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE, JOSEPH	5.2 NAME	Harry Fagan
STREET ADDRESS	3034 FIELDCREST LANE	5.3 STREET ADDRESS	1535 Dawes Rd. NE
CITY-ST-ZIP	TOMS RIVER NJ 08755	5.4 CITY-ST-ZIP	Palm Bay, FL. 32905
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCIVER, CLARA	6.2 NAME	Mahlon Gast
STREET ADDRESS	P.O. BOX 13 N/A	6.3 STREET ADDRESS	1646 Dawes Rd. NE
CITY-ST-ZIP	LOWRY MN 56349	6.4 CITY-ST-ZIP	Palm Bay, FL. 32905

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 12, 1999

Date

407-727-2246

Daytime Phone #

CR2E037 (1/98)