

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 016 ****61.25

DOCUMENT # 748776

1. Entity Name

COUNTRY CLUB VISTA PROPERTY OWNERS' ASSOCIATION.

Principal Place of Business

Mailing Address

1600 LENOX COURT NE
 PALM BAY FL 32905

1600 LENOX COURT NE
 PALM BAY FL 32905-4550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2348602

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTS, BILL	NAME	Francis Kennedy
STREET ADDRESS	1600 US-1 LOT 229	STREET ADDRESS	882 Brow Ct. NE
CITY-ST-ZIP	MALABAR FL	CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ARDEN	NAME	Norman Chapdelaine
STREET ADDRESS	1600 US-1 LOT 229	STREET ADDRESS	1505 Dawes Rd. Palm Bay, FL 32905
CITY-ST-ZIP	MALABAR FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, CLARE	NAME	Joe Heard
STREET ADDRESS	835 REGAL AVE NE	STREET ADDRESS	1534 Waldorf Cir NE Palm Bay, FL
CITY-ST-ZIP	PALM BAY FL	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCIVER, CLARA	NAME	Betty Pennella
STREET ADDRESS	1659 AVERY RD NE	STREET ADDRESS	815 Brae Ct. NE Palm Bay, FL
CITY-ST-ZIP	PALM BAY FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAGAN, HARRY	NAME	Dave Volz
STREET ADDRESS	1535 DAWES RD NE	STREET ADDRESS	1603 Avery Rd. Palm Bay, FL
CITY-ST-ZIP	PALM BAY FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAST, MAHLON	NAME	
STREET ADDRESS	1646 DAWES RD NE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
 Date

Daytime Phone #

CR2E037 (9/99)