

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90446 009 \*\*\*\*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

**817892**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2348602**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Bradley R. Jarvi**

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

**1608 Sunny Brook Lane NE E107**

City

**Palm Bay**

**FL**

Zip Code  
**32905**

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 **Bradley R. Jarvi**

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

(NOTE: Registered Agent signature required when reinstating)

**3/14/01**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, FRANCIS</b>	
STREET ADDRESS	<b>882 BROW CT. NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHAPDELAINE, NORMAN</b>	
STREET ADDRESS	<b>1505 DAWES RD.</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEARD, JOE</b>	
STREET ADDRESS	<b>1534 WALDORF CIR. NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PENNELLA, BETTY</b>	
STREET ADDRESS	<b>815 BRAE CT. NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOLZ, DAVE</b>	
STREET ADDRESS	<b>1603 AVERY RD</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GAST, MAHLON</b>	
STREET ADDRESS	<b>1646 DAWES RD NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wes H. Patton</b>	
STREET ADDRESS	<b>1630 Dawes Road NE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32905</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jerry Goodrich</b>	
STREET ADDRESS	<b>1545 Waldorf Circle NE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Karen Linnen</b>	
STREET ADDRESS	<b>1572 Waldorf Circle NE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32905</b>	

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

**FRANCIS KENNEDY 3/13/01 (321) 723-4129**  
 Date Daytime Phone #

CR2E037 (10/00)