

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-17-2003 90262 013 ****61.25

DOCUMENT # 748776

1. Entry 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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JARM, BRADLEY R
1608 SUNNY BROOK LANE NE
E107
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HADLEY, DOUGLAS	
STREET ADDRESS	835 TETLOW CT NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PATTON, WES H	
STREET ADDRESS	1830 DAWES RD NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	GOODRICH, JERRY	
STREET ADDRESS	1545 WALDORF CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNELLA, BETTY	
STREET ADDRESS	815 BRAE CT. NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLZ, DAVE	
STREET ADDRESS	1603 AVERY RD	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LINNEN, KAREN	
STREET ADDRESS	1572 WALDORF CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BYD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN CHAPDELAIN	
STREET ADDRESS	1505 DAWES RD, NE	
CITY-ST-ZIP	PALM BAY, FL, 32905	
TITLE	VBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN GAST	
STREET ADDRESS	1646 DAWES RD, NE	
CITY-ST-ZIP	PALM BAY, FL, 32905	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD MILLER	
STREET ADDRESS	1619 AVERY ROAD NE	
CITY-ST-ZIP	PALM BAY, FL, 32905	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUERGEN LUEBKER	
STREET ADDRESS	1580 WALDORF CIRCLE NE	
CITY-ST-ZIP	PALM BAY, FL, 32905	
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		

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

2-12-03

Date

Daytime Phone #

CR2E037 (10/02)