

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762837 (3)  
1. Corporation Name

COUNTRY CLUB VILLAS OF RIO PINAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1401 S. CHICKASAW TR. ORLANDO FL 32825  
Mailing Address: 1401 S. CHICKASAW TR. ORLANDO FL 32825

3. Date Incorporated or Qualified: 04/12/1982  
3a. Date of Last Report: 02/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2176870	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WELLS, M. W., JR. 340 N ORANGE AVE. ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 PRESCOTT, ABNER 1405 S CHICKASAW TR ORLANDO FL	1.1 TITLE	PD JOHN BURYCH 1409 S. CHICKASAW TR ORLANDO, FL
NAME	TD CONNELL, DAN 1417 SO CHICKASAW TR. ORLANDO FL	2.1 TITLE	VP DAN CONNELL 1417 S. CHICKASAW TR ORLANDO, FL
STREET ADDRESS	SD RUMP, B. J. 1447 S. CHICKASAW TR. ORLANDO FL	2.2 NAME	B. J. RUMP 1447 S. CHICKASAW TR ORLANDO, FL
CITY-ST-ZIP	VD BURYCH, JOHN 1409 S CHICKASAW TR. ORLANDO FL	2.3 STREET ADDRESS	SD 1425 S. CHICKASAW TR SUSAN KIRBY ORLANDO, FL
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Betty J. Rump 2/28/96 407-281-6534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
BETTY J. RUMP

CR2E037 (12/95)