

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762837

1. Entity Name

COUNTRY CLUB VILLAS OF RIO PINAR CONDOMINIUM ASS

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90058 024 ****61.25

Principal Place of Business 1401 S.CHICKASAW TR. ORLANDO FL 32825	Mailing Address 1401 S.CHICKASAW TR. ORLANDO FL 32825-8257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2176870	Applied For <input type="checkbox"/> Not Applicable
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-Zip	Country	-Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WELLS, M. W., JR.
 340 N ORANGE AVE.
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURYCH, JOHN	
STREET ADDRESS	1409 SOUTH CHICKSAW TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CONNELL, DAN	
STREET ADDRESS	1417 SO CHICKASAW TR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUMP, B. J.	
STREET ADDRESS	1447 S. CHICKASAW TR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIRBY, SUSAN	
STREET ADDRESS	1425 S. CHICKASAW TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirby, SUSAN	
STREET ADDRESS	1425 S. CHICKASAW TRAIL	
CITY-ST-ZIP	ORLANDO, FL.	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, Bob	
STREET ADDRESS	1439 S. CHICKASAW TRAIL	
CITY-ST-ZIP	ORLANDO FL.	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morehead, DoAnn	
STREET ADDRESS	1443 S. CHICKASAW TRAIL	
CITY-ST-ZIP	ORLANDO FL.	
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: B. J. Rump (Typed Name) 3/27/00 407-281-6534 (Date) (Daytime Phone #)

CR2E037 (9/99)