

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 PH 2:05

DOCUMENT # 763100

(5)

1. Corporation Name

COUNTRY CLUB OVAL APARTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001452021

-04/10/95--01042--015

*******130.00 *****130.00**
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**5417 TURTON LANE
P. O. BOX 238175
DAYTONA BEACH FL 32123**

3. Date Incorporated or Qualified **05/04/1982** 3a. Date of Last Report **02/10/1994**
4. FEI Number **50-2173325-59-3296811** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Country
24 Zip **25** Country **29** Zip **30** Country

5. Certificate of Status Desired ☐ **\$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HILSON, EUGENE R.
5417 TURTON LANE
PORT ORANGE FL 32019**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HILSON, EUGENE R.	12 NAME	
STREET ADDRESS	5417 TURTON LANE	13 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HEKNER, GEORGE W.	22 NAME	
STREET ADDRESS	3600 ALHAMBRA CT	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SHAW, EDWARD P. (JR.)	32 NAME	
STREET ADDRESS	781 RENEGADE LANE	33 STREET ADDRESS	
CITY - ST - ZIP	PT. ORANGE FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95

(904) 322-1860