

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

102

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H38457** (8)

1. Corporation Name
COUNTRY CLUB REALTY GROUP, INC.



Principal Place of Business: **2600 GOLDEN GATE PARKWAY, SUITE #200 NAPLES FL 33942**
Mailing Address: **P.O. BOX 413038 NAPLES FL 33941 US**

3. Date Incorporated or Qualified: **01/16/1985**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-2504182	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
25	Country	30	Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GORNELL, ANN T
2640 GOLDEN GATE PARKWAY
NAPLES FL 33942~~

81 Name: **Barron Collier, III**
82 Street Address (P.O. Box Number is Not Acceptable): **2600 Golden Gate Parkway, Ste 200**
83
84 City: **Naples** FL 85 Zip Code: **33942**

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: *Barron Collier III* (NOTE: Registered Agent signature required when reinstating) DATE: **4/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABLE, LAMAR	1.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWLEY, ROY E JR	2.2 NAME	Cawley, Roy E Jr
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON III	3.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, NORMAN	4.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	4.3 STREET ADDRESS	700001807327
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	-05/03/96--01086--021
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLI, PAUL J	5.2 NAME	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSLEY, CLARK	6.2 NAME	S
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	6.3 STREET ADDRESS	2600 Golden Gate Parkway
CITY-ST-ZIP	NAPLES FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barron Collier III* DATE: **4/9/96** DATE TIME Pk. re #: **941/267/2600**

CR2E034 (12/95)

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JK

