

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90203 049 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01050**

1. Corporation Name

**EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

BUCKNER AVE  
SUITE 811  
EVERGLADES CITY FL 34139  
US

Mailing Address

P.O. BOX 301  
NEW BOSTON MI 48164



2. Principal Place of Business

21 221 South Buckner Ave

Suite, Apt. #, etc.

22 Unit 811

City & State

23

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

01/24/1984

4. FEI Number

65-0079825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RAY, BURRIS  
536 W. PAR STREET  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

KUZMICK, Ken

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

1001 Blackwood Street

83

84 City

Altamonte Springs FL

85 Zip Code

32701

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 5, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME REAY, RUSSELL  
STREET ADDRESS 18615 HANNAN ROAD  
CITY-ST-ZIP NEW BOSTON MI 48164

TITLE VD ☐ DELETE  
NAME BURRIS, RAY  
STREET ADDRESS 536 W. PAR STREET  
CITY-ST-ZIP ORLANDO FL 32804

TITLE STD ☐ DELETE  
NAME CHOBOT, KERRIE  
STREET ADDRESS 18615 HANNAN RD  
CITY-ST-ZIP NEW BOSTON MI

TITLE D ☐ DELETE  
NAME KUZMICK, KEN  
STREET ADDRESS 1001 BLACKWOOD STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME KUZMICK, Ken  
1.3 STREET ADDRESS 1001 Blackwood Street  
1.4 CITY-ST-ZIP Altamonte Springs FL 32701

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME SCHMIDT, Peter  
2.3 STREET ADDRESS 221 South Buckner Ave Unit 821  
2.4 CITY-ST-ZIP Everglades City FL 34139

3.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME CHOBOT, Kerrie  
3.3 STREET ADDRESS 18615 Hannan Road  
3.4 CITY-ST-ZIP New Boston, MI 48164

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME REAY, Russell  
4.3 STREET ADDRESS 18615 Hannan Road  
4.4 CITY-ST-ZIP New Boston, MI 48164

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME KAUFFMAN, Jack  
5.3 STREET ADDRESS 211 South Buckner Ave Unit 824  
5.4 CITY-ST-ZIP Everglades City FL 34139

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME MILLER, Alton  
6.3 STREET ADDRESS 130 Des Pinar Lane  
6.4 CITY-ST-ZIP Longwood FL 32750

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999

734/753-4347

Date

Daytime Phone #