FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08773 (6)

1. Corporation Name
COUNTRY CLUB ESTATES HOMEOWNERS OF VENICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WILLIAM R. KORP 333 TAMIAMI TRL. VENICE FL 34285	C/O WILLIAM R. KORP 333 TAMIAMI TRL. VENICE FL 34285

3. Date Incorporated or Qualified: 04/18/1985
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2653265 ☐ 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
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

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

9. Name and Address of Current Registered Agent

KORP, WILLIAM R.
333 TAMIAMI TRL.
VENICE FL 34285

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VASHAW, ROLAND G	1.2 NAME	Leo Gentry	
STREET ADDRESS	725 S WATERWAY	1.3 STREET ADDRESS	817 Carefree	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, Fl. 34285	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	TYRRELL, JUNE	2.2 NAME		
STREET ADDRESS	727 S. WATERWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, ISABELLE	3.2 NAME		
STREET ADDRESS	825 CAREFREE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, ROBERT	4.2 NAME		
STREET ADDRESS	656 GREEN CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE	DV	☐ Change ☒ Addition
NAME	GENTRY, LEO	5.2 NAME	Arthur E. Smith	
STREET ADDRESS	817 CAREFREE	5.3 STREET ADDRESS	808 Turf	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice, Fl. 34285	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KAY, DILWORTH	6.2 NAME		
STREET ADDRESS	704 GREEN CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE 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)(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.

SIGNATURE: Leo H. Gentry Leo H. Gentry 4-25-95 813 484-6918
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019040