# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # N08773 (6)

1. Corporation Name

**COUNTRY CLUB ESTATES HOMEOWNERS OF VENICE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WILLIAM R. KORP<br>333 TAMIAMI TRL.<br>VENICE FL 34285 | C/O WILLIAM R. KORP<br>333 TAMIAMI TRL.<br>VENICE FL 34285 |

3. Date Incorporated or Qualified: 04/18/1985
3a. Date of Last Report: 05/01/1995
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
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 24 / Country 25 | Zip 29 / Country 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 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 _____ 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~~ | ☒ DELETE | 1.1 TITLE | P.D. | ☒ Change ☐ Addition |
| NAME | ~~GENTRY, LEO~~ | | 1.2 NAME | SMITH ARTHUR E | |
| STREET ADDRESS | ~~817 CAREFREE~~ | | 1.3 STREET ADDRESS | 808 TURF | |
| CITY-ST-ZIP | ~~VENICE FL~~ | | 1.4 CITY-ST-ZIP | VENICE, FL 34285 | |
| TITLE | ~~SD~~ | ☒ DELETE | 2.1 TITLE | S.D. | ☒ Change ☒ Addition |
| NAME | ~~TYRRELL, JUNE~~ | | 2.2 NAME | BARBARA M. LANEY | |
| STREET ADDRESS | ~~727 S. WATERWAY~~ | | 2.3 STREET ADDRESS | 808 CAREFREE | |
| CITY-ST-ZIP | ~~VENICE FL~~ | | 2.4 CITY-ST-ZIP | VENICE FL 34285 | |
| TITLE | TD | ☐ DELETE | 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~~ | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~HARRIS, ROBERT~~ | | 4.2 NAME | SKOFIELD, JACQUELINE | |
| STREET ADDRESS | ~~656 GREEN CIR~~ | | 4.3 STREET ADDRESS | 905 S. WATERWAY | |
| CITY-ST-ZIP | ~~VENICE FL~~ | | 4.4 CITY-ST-ZIP | VENICE, FL 34285 | |
| TITLE | ~~SD~~ PD | ☐ DELETE | 5.1 TITLE | DV | ☐ Change ☒ Addition |
| NAME | SMITH, ARTHUR E | | 5.2 NAME | FREITUS, JOSEPH | |
| STREET ADDRESS | 808 TURF | | 5.3 STREET ADDRESS | 920 GREEN | |
| CITY-ST-ZIP | VENICE FL | | 5.4 CITY-ST-ZIP | VENICE, FL 34285 | |
| TITLE | D | ☐ DELETE | 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 | | |

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Barbara M. Laney April 25 1996 (941) 488-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara M. Laney