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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08773** (6)
1. Corporation Name
COUNTRY CLUB ESTATES HOMEOWNERS OF VENICE, INC.



Principal Place of Business C/O WILLIAM R. KOPF 333 TAMiami TrL. VENICE FL 34285	Mailing Address C/O WILLIAM R. KOPF 333 TAMiami TrL. VENICE FL 34285-2402
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3. Date Incorporated or Qualified 04/18/1985	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOPF, WILLIAM R.
333 TAMiami TrL.
VENICE FL 34285**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD TREASURER
NAME	SMITH, ARTHUR E	1.2 NAME	DELAHMIT, ROBERT
STREET ADDRESS	808 TURF	1.3 STREET ADDRESS	601 CLUBHOUSE
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FLORIDA
TITLE	SD	2.1 TITLE	DIRECTOR
NAME	LANEY, BARBARA M	2.2 NAME	HARRIS, ROBERT
STREET ADDRESS	808 CARE FREE	2.3 STREET ADDRESS	656 GREEN CIRCLE
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE, FLORIDA
TITLE	TD	3.1 TITLE	VICE PRESIDENT
NAME	NICHOLS, ISABELLE	3.2 NAME	SIMMONS, KENNETH
STREET ADDRESS	825 CAREFREE	3.3 STREET ADDRESS	860 GREEN CIRCLE
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE, FLORIDA
TITLE	D	4.1 TITLE	DIRECTOR
NAME	SKOFIELD, JAQUELINE	4.2 NAME	PRYOR, J. DEN
STREET ADDRESS	905 S WATERWAY	4.3 STREET ADDRESS	701 S. WATERWAY
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	VENICE, FLORIDA
TITLE	PD	5.1 TITLE	DIRECTOR
NAME	SMITH, ARTHUR E	5.2 NAME	WELCH, ARTHUR
STREET ADDRESS	808 TURF	5.3 STREET ADDRESS	804 CAREFREE
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE, FLORIDA
TITLE	D	6.1 TITLE	DIRECTOR
NAME	KAY, DILWORTH	6.2 NAME	JACOBS, ROSEMARY JUNE
STREET ADDRESS	704 GREEN CIRCLE	6.3 STREET ADDRESS	812 S. WATERWAY
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	VENICE, FLORIDA

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption under s. 199.07(5)(b), 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 of this report or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (9/96)