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 # **N09846** **(9)**

1. Corporation Name

COUNTRY CLUB VILLAGE PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
555 CLUBHOUSE DR LAKE WALES FL 33853	555 CLUBHOUSE DR LAKE WALES FL 33853

3. Date Incorporated or Qualified: **06/19/1985**

3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

Zip
24:

Country
25:

2a. Mailing Address
26:

Suite, Apt. #, etc.
27:

City & State
28:

Zip
29:

Country
30:

4. FEI Number: **59-2633192** ☐ 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

WILLIAMS, ROBERT L.,JR., ESQ.
225 E. PARK AVENUE
LAKE WALES FL 33853

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	11 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, EDWARD		12 NAME		
STREET ADDRESS	2604 SUNBURST CT		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WHITE, CLAYTON		22 NAME		
STREET ADDRESS	517 CLUBHOUSE DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PARKER, DOUGLAS		32 NAME		
STREET ADDRESS	555 CLUBHOUSE DR.		33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MACCALLUM, DUNCAN		42 NAME		
STREET ADDRESS	505 CLUBHOUSE DR		43 STREET ADDRESS	700001742867	
CITY-ST-ZIP	LAKE WALES FL		44 CITY-ST-ZIP	-03/14/96--01027--024	
TITLE	SD	☐ DELETE	51 TITLE	***61.25	☐ Change ☐ Addition
NAME	HORRELL, WILLIAM		52 NAME		
STREET ADDRESS	563 CLUBHOUSE DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas S Parker 3/10/96 941-676-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

PS 3/13/96