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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33853-9664

3. Date Incorporated or Qualified: 06/19/1985
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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: Robert L. Williams — 1/21/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, EDWARD		1.2 NAME		
STREET ADDRESS	2604 SUNBURST CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, CLAYTON		2.2 NAME		
STREET ADDRESS	517 CLUBHOUSE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, DOUGLAS		3.2 NAME		
STREET ADDRESS	555 CLUBHOUSE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	4.1 TITLE	VD	☐ Change ☑ Addition
NAME	MACCALLUM, DUNCAN		4.2 NAME	GLEN HARMS	
STREET ADDRESS	505 CLUBHOUSE DR		4.3 STREET ADDRESS	507 CLUBHOUSE DR	
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HORRELL, WILLIAM		5.2 NAME		
STREET ADDRESS	563 CLUBHOUSE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Robert L. Williams DOUGLAS S PARKER 1/21/97 676-9488