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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09846

1. Corporation Name

COUNTRY CLUB VILLAGE PROPERTY OWNERS ASSOCIATION
, INC.

Principal Place of Business

527 GREENWAY DRIVE
LAKE WALES FL 33853
US

Mailing Address

527 GREENWAY DRIVE
LAKE WALES FL 33853
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

06/19/1985

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2633192

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24

Country

25

Zip

29

Country

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WILKINSON, EDWARD	2604 SUNBURST CT	LAKE WALES FL	☐
VD	WHITE, CLAYTON	517 CLUBHOUSE DRIVE	LAKE WALES FL	☐
TD	JOHNS, LONNIE E	527 GREENWAY DRIVE	LAKE WALES FL 33853	☐
VD	HARMS, GLEN	507 CLUBHOUSE DR	LAKE WALES FL	☐
SD	WELSH, PHILLIP	569 CLUBHOUSE DRIVE	LAKE WALES FL 33853	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐	☐

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)