

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09846

1. Entity Name

COUNTRY CLUB VILLAGE PROPERTY OWNERS ASSOCIATION

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90037 038 ****61.50

Principal Place of Business

Mailing Address

527 GREENWAY DRIVE
LAKE WALES FL 33853
US

527 GREENWAY DRIVE
LAKE WALES FL 33853-5267
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2633192

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	567 CLUBHOUSE DRIVE	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☒ Addition
NAME	RUSSELL HARMS	
STREET ADDRESS	505 CLUBHOUSE DRIVE	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE	SD	☒ Change ☐ Addition
NAME	SALLY PASSON	
STREET ADDRESS	2604 FAIRWAY COURT	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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 #

1-26-00 863-676-2175