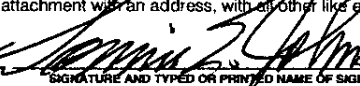


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90200 022 ****69.00

DOCUMENT # N09846 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2633192	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, ROBERT L., JR., ESQ. 225 E. PARK AVENUE LAKE WALES, FL 33853				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, EDWARD 567 CLUB HOUSE DRIVE LAKE WALES, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, HARRY 518 CLUBHOUSE DR LAKE WALES, FL 33898	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNS, LONNIE E 527 GREENWAY DRIVE LAKE WALES, FL 33853	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMINGTON, BOB 2640 FAIRWAY CT LAKE WALES, FL 33898	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASSION, SALLY 2604 FAIRWAY COURT LAKE WALES, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN AVERY 569 CLUBHOUSE DRIVE LAKE WALES, FL, 33898	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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  Lonnie E. Johns, 4-21-04 863-676-2175 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					