2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N09846

1. Entity Name
COUNTRY CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
527 GREENWAY DRIVE LAKE WALES, FL 33853 US	527 GREENWAY DRIVE LAKE WALES, FL 33853 US

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02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2633192
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILKINSON, EDWARD
STREET ADDRESS	567 CLUB HOUSE DRIVE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	VP
NAME	NELSON, HARRY
STREET ADDRESS	518 CLUBHOUSE DR
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	TD
NAME	JOHNS, LONNIE E
STREET ADDRESS	527 GREENWAY DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VD
NAME	ARMINGTON, BOB
STREET ADDRESS	2640 FAIRWAY CT
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	SD
NAME	AVERY, JOHN
STREET ADDRESS	569 CLUBHOUSE DR.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000248210
03/02/05-80019-022 61.25

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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: Lonnie E. Johns 3-1-05 863-676-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #