2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90053 006 ****61.25

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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
2645 FAIRWAY Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LAKE WALES, FL, US	City & State
Zip 33898 Country Polk	Zip 33898 Country

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	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. 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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	☐ Change ☑ Addition 33898
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	☐ Change ☐ Addition
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	☒ Change ☐ Addition 33898
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AVERY, JOHN 569 CLUBHOUSE DR. LAKE WALES FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Lonnie E. JOHNS 1-26-06 863-676-2175

ATTACHMENT
5000024J
#N09846

FEBRUARY 3, 2006

TO WHOM CONCERNED;

I AM WRITING TO YOU IN ORDER TO TRY AND GET A CERTIFICATE OF STATUS.

IN 2004, APRIL 15, I SENT TO YOUR DEPARTMENT A CHECK FOR $69.00. THIS WAS TO PAY THE FILING FEE FOR THE CORPORATION AND FOR THIS CERTIFICATE.

AS OF THIS DATE, I HAVE NOT RECEIVED THIS CERTIFICATE. I WOULD APPRECIATE VERY MUCH IF YOUR OFFICE WOULD TAKE CARE OF THIS FOR ME.

RESPECTFULLY,

LONNIE E. JOHNS
TREASURER, CCVPOA