

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N09846

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



Principal Place of Business
**2645 FAIRWAY CT
LAKE WALES, FL 33898 US**

Mailing Address
**2645 FAIRWAY CT
LAKE WALES, FL 33898 US**



01082008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2633192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2008**

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 33898

TITLE	VP
NAME	NELSON, HARRY
STREET ADDRESS	518 CLUBHOUSE DR
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	VD
NAME	WILKINSON, CINDY
STREET ADDRESS	551 CLUB HOUSE DR
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	TD
NAME	ARMINGTON, BOB
STREET ADDRESS	2640 FAIRWAY CT
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	SD
NAME	AVERY, JOHN
STREET ADDRESS	589 CLUBHOUSE DR.
CITY-ST-ZIP	LAKE WALES, FL 33898

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80006-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert F. Armington 1/14/08 863 679 1146