2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2003 8:00 am **DOCUMENT # N09846 Secretary of State** 1. Entity Name 07-16-2003 90039 038 ****61.25 COUNTRY CLUB VILLAGE PROPERTY OWNERS ASSOCIATION . INC. Principal Place of Business Mailing Address 527 GREENWAY DRIVE 527 GREENWAY DRIVE LAKE WALES FL 33853 LAKE WALES FL 33853 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2633 192 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, ROBERT L.,JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 225 E. PARK AVENUE LAKE WALES FL 33853 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE ☐ Change Addition NAME NAME WILKINSON, EDWARD STREET ADDRESS STREET ADDRESS **567 CLUB HOUSE DRIVE** CITY-ST-ZIP CITY-ST-ZIP <u>lake wales fl</u> VICETRASION TITLE Change ☐ Addition TITLE Delete NAME NAME WHITE, CLAYTON STREET ADDRESS STREET ADDRESS 517 CLUBHOUSE DRIVE CITY-ST-ZIP. CITY-ST-7IP LAKE WALES FL TITLE TD TITLE ☐ Delete ☐ Addition NAME JOHNS, LONNIE E NAME STREET ADDRESS **527 GREENWAY DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 TITLE TITLE ☐ Addition Delete 🕶 NAME HARMAN, RUSSELL NAME STREET ADDRESS STREET ADDRESS 505 CLUB HOUSE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL SD ☐ Delete TITLE NAME PASSION, SALLY NAME STREET ADDRESS STREET ADDRESS 2604 FAIRWAY COURT CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL TITLE Delete TITLE ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: STATE ECALMOD TREDSURY 7-7-7-83 863-676-2175