

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10015** (8)
1. Corporation Name
THE CLUBHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**179 BOUNDARY BLVD. #12-A
ROTONDA WEST FL 33947**

Mailing Address
**179 BOUNDARY BLVD. #12-A
ROTONDA WEST FL 33947**

3. Date Incorporated or Qualified
07/01/1985

3a. Date of Last Report
04/20/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0026459

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**HOPP, WILLIAM MICHAEL
177 BOUNDARY BLVD 5C
ROTONDA WEST FL 33947**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOPP, RANN	1.2 NAME	
STREET ADDRESS	177 BOUNDARY BLVD., 5-C	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MUELLER, HERB	2.2 NAME	
STREET ADDRESS	177 BOUNDARY BLVD., 5-C	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, JAMES	3.2 NAME	
STREET ADDRESS	175 BOUNDARY BLVD., 8-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
Date

Daytime Phone #

CR2E037 (12/95)