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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N10015 1. Corporation Name

THE CLUBHOUSE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | | | | | |
|-----------------------------|--|--|--|--|--|
| 179 BOUNDARY BLVD. #12-A | | | | | |
| DOTONDA IMEGT EL 20047 | | | | | |

Mailing Address

900 PINE ST

ENGLEWOOD FL 34223

US

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| 2. Principal P | lace of Business | 2a. Mailing Address | | | 07/01/1985 | | | | | | | |
|-----------------------|---|------------------------|------------------------|--|---|-----------------------------|--|------------------------------------|-----------------|-------------|-----------------|----------------|
| 21) | # 040 | 26 Suite, Apt. #, etc. | | | | 4. FEI Number - Applied For | | | | | | |
| Suite, Apt. | #, etc. | \vdash | dita, Apt. #, etc. | | | | | 5-0026459 | | | \rightarrow | Not Applicable |
| City & Stat | • | 27 C | ity & State | | | <u> </u> | | <u></u> | | | | Additional |
| 23 | e | 28 | ¬ ´ | | | 5. C | ertifcate of Status De | esired | | | Required | |
| Zip | Country | Zij | р | Cou | ntry | | 6. E | lection Campaign Fir | ancing | | | 0 мау Ве |
| 24 | 25 29 30 | | | | | | Trust Fund Contribution Added to Fees | | | | | |
| | 9. Name and Address of Current | Register | ed Agent | | Ε. | | 10. N | lame and Address o | f New Re | gistered / | Agent | |
| | | | | | 81 | Name | | | | | | |
| HOPP, WILLIAM MICHAEL | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 177 BOUNDARY BLVD 5C | | | | on on one of the same of the s | | | | | | | | |
| | A WEST FL 33947 | | | | 83 | | | | | | | |
| HOTOHDA | 1120112 00011 | | | | 84 City 85 Zip Code | | | | | | | |
| | | | | | 84 | City | • • | • | | FL | 65 21 | p Code |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617. | 1508, Florida Statut | tes, the a | bove | -named co | orporation s | submits this statemen | t for the pu | urpose of | changing | its registered |
| office or r | registered agent, or both, in the State of the familiar with, and accept the obligation | f Florida. | Such change was a | uthorized | ı by t | he corpora | ation's boar | rd of directors. I here | by accept | the appoir | ntment as | registered |
| agent. i a | m familiar with, and accept the obligate | JIIS UI, JE | 3CIIO(1 0 17.0303, 1 K | nua Stat | utes. | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if api | plicable. (NOTE | : Registered | Agent | signature requ | uired when rein: | stating) | | DATE | - | |
| 12. | OFFICERS AND | | <u> </u> | 13. | | | | DITIONS/CHANGES | TO OFFI | CERS AN | D DIRECT | TORS IN 12 |
| TITLE | PTD | | DELETE | 1.1 TI | TLE | 7 | $\overline{\mathcal{P}_{\mathcal{D}}}$ | | | | ☐ Change | Addition |
| NAME | HOPP, RANN | | | 1.2 N | AME | | | William N | ي ين من ما | , | | |
| STREET ADDRESS | 477 BOUNDAON OU B . C O | | | 13.81 | REET. | ADDRESS / | 172/2 | WILLIAM N ULMBARY (UDA WEST | UCTIAL 21.13 | 50 | | |
| | ROTONDA WEST FL | | | | TY-ST | 710 | 73 / O | IN A WELL | 51 00) F1 3. | 3447 | | |
| CITY-ST-ZIP | VPD | | ☐ DELETE | 2.1 TI | | - 211 | <u>/10 / 4//</u> 7) | DH | , , | | Chang | e 🔲 Addition |
| NAME | ··· = | | | 2.2 N | | | 0 | | | | | |
| | HAPPY, RUBY | | | | | ADDRESS | | | | | | |
| STREET ADORESS | , | | | | | | • | = | * | | | •= |
| CITY-ST-ZIP | ROTONDA WEST FL | | ☐ DELETE | 2. 4 C | ITY-ST | | TD | | | | D Chang | e Addition |
| TITLE | SD LAMES | | b | | | | , 2 | | | | | _ |
| NAME | TOWNSEND, JAMES | | | 3.2 N | | | | | | | | |
| STREET ADDRESS | ··· · · · · · · · · · · · · · | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | ROTONDA WEST FL | | M per cre | | ITY-ST | | 1152 3 | | | | Chang | e 🔯 Addition |
| TITLE | D | | ∑ DELETE | 4.1 Ti | | | UP D | Dans so | | | | y X Addition |
| NAME | STEFANI, BILL | | | 4. 2 N | | | 170 | RUBERT | RISA | # 11 | 2 | |
| STREET ADDRESS | | | | 4.3 \$ | TREET | ADDRESS | 13.13 | DUNDARY | 1010 AC | 2/ |) | |
| CITY-ST-ZIP | LIVONIA MI 48150 | | | | TY-ST | -ZIP | | DA WEST | P13. | <u> 447</u> | Chang | Addition |
| TITLE | j | | ☐ DELETE | 5.1 TI | | | $S \supset \mathcal{D}$ | | | | | e X Addition |
| NAME | | | | 5.2 N | | ļ | ONW | OLNDARY A | 11.20 | 11.11 | | |
| STREET ADDRESS | | | | | | 1 | 177 3 | SUNDARY A | 51000 | 77 | | |
| CITY-ST-ZIP | | | | | ITY-ST | -ZIP | KOTO | NOA WEST | 1/ | 3399 | * / | b-a |
| TITLE | | | ☐ DELETE | 6.1 रा | TLE | - | D_{j} | , | | | Chang | e 💢 Addition |
| NAME, | j | | | 6.2 N | AME |] ; | KAIS4 | 1, 6ENE . | | 110 | | |
| STREET ADDRESS | • | | | 6.3 S | TREET | ADDRESS | 175 B | SOWN DARY BI | v4 # | 413 | | • |
| OTTY OT ZID | • | | | 6.4 C | TY-ST | -ZiP | ROTUR | DA WEST | FI J | 3394 | 7 | |

14. 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 critiq 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 if changed, or on an appears with an address, with all other like empowered.

SIGNATURE: