

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 # N15742 (2)
1. Corporation Name
COUNTRY CLUB GARDENS OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 65
240 E EAU CALLEE BLVD
INDIAN HARBOR BEACH FL 32935
1748 Bruman Terrace
Melbourne, FL 32935

2. Principal Place of Business 2a. Mailing Address
21 1748 BRUMAN TERRACE 26 1748 BRUMAN TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MELBOURNE FL 28 MELBOURNE FL
Zip Country Zip Country
24 32935 25 BRAVARO 29 32935 30 BRAVARO

3. Date Incorporated or Qualified 3a. Date of Last Report
07/07/1986 05/01/1995
4. FEI Number Applied For
59-3211027 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

NIPPER, FRED
1667 BRUMAN TERR
MELBOURNE FL 32935

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 *Fred Nipper* Fred Nipper, President
(NOTE: Registered Agent signature required when reinstating)

28 FEB 96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	NIPPER, FRED	1667 BRUMAN TERR	MELBOURNE FL	<input type="checkbox"/>
DSR	WOOD, CAROL	1748 BRUMAN TERR	MELBOURNE FL	<input type="checkbox"/>
DVP	SHAFFER, PETER	1767 BROMAN TERR	MELBOURNE FL	<input checked="" type="checkbox"/>
DT	CACACE, CHERYL	1670 MASON TERR	MELBOURNE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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28 FEB 96

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)(4), 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 if changed, or on an attachment with an address.

SIGNATURE: *Fred Nipper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)