FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 12 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001488493
-05/16/95--01066--021
*****25.00 *****25.00

DOCUMENT # N20913 (2)

1. Corporation Name

COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CO NDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	1655 SW 5TH AVE OCALA, FL 34474-3250
LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	1655 SW 5TH AVE OCALA, FL 34474-3250

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2816485 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JEFFREY, THOMAS W
LEGAL DEPT, 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

10. Name and Address of New Registered Agent

61 Name: MARIE ANNE HERB
62 Street Address (P.O. Box Number is Not Acceptable): ABS PROPERTY MANAGEMENT
63: 1655 SW 5TH AVENUE
64 City: OCALA FL 65 Zip Code: 34474-3250

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marie Anne Herb — DATE: 5/3/95

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	PALUMBO, JOHN	1.2 NAME	GETCHELL, JOAN	
STREET ADDRESS	504 EMERALD RD	1.3 STREET ADDRESS	5 KARNY CT	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	LETIZ, PA 17543	
TITLE	DTV	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	BRANSON, DAVID A	2.2 NAME	ROSSELOT, JOE	
STREET ADDRESS	2601 S BAYSHORE DR 4 FL	2.3 STREET ADDRESS	8234 FAIRWAYS CIRCLE	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	SV	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	LANGLEY, MARCIA H	3.2 NAME	PENNA, IRIS	
STREET ADDRESS	2601 S BAYSHORE DR 9 FL	3.3 STREET ADDRESS	8246 FAIRWAYS CIRCLE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	VAS	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PROMEY, PEGGY	4.2 NAME	STEWART, EGLON	
STREET ADDRESS	1649 TAMIAMI TR	4.3 STREET ADDRESS	2955 W 20 ST	
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	BROOKLYN, NY 11224-2046	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JEFFERY, THOMAS W	5.2 NAME	300001488493	
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	-05/16/95--01066--022	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	*****130.00 *****130.00	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: Joan C Getchell — 5/6/95 — 904-680-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007210