

**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 # **N20913** (2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

1655 SW 5TH AVENUE  
OCALA FL 34474-3250

1655 SW 5TH AVENUE  
OCALA FL 34474-3250

3. Date Incorporated or Qualified  
**06/01/1987**

3a. Date of Last Report  
**05/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Fairways Circle**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **Ocala, Florida**

28

Zip

Country

Zip

Country

24 **34472**

25

~~XXXXXX~~ **USA**

29

30

4. FEI Number  
**59-2816485**

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

10. Name and Address of New Registered Agent

**HERB, LAURIE A  
ABS PROPERTY MANAGEMENT  
1655 SW 5TH AVENUE  
OCALA FL 34474-3250**

81

Name  
**M. Jane Nolen**

82

Street Address (P.O. Box Number is Not Acceptable)  
**ABS Property Management**

83

**1655 S.W. 5th Avenue**

84

City  
**Ocala**

**FL**

85 Zip Code  
**34474-3250**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*M. Jane Nolen* **M. Jane Nolen** **4-24-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GETCHELL, JOAN</b>	
STREET ADDRESS	<b>5 KARNY CT</b>	
CITY-ST-ZIP	<b>LETIZ PA 17543</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSSELOT, JOE</b>	
STREET ADDRESS	<b>8234 FAIRWAYS CIRCLE</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>PENNA, IRIS</b>	
STREET ADDRESS	<b>8246 FAIRWAYS CIRCLE</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEWART, EGLON</b>	
STREET ADDRESS	<b>2955 W 20 ST</b>	
CITY-ST-ZIP	<b>BROOKLYN NY 11224-2046</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Wilson, Clint</b>	
1.3 STREET ADDRESS	<b>8221 Fairways Circle, F-201</b>	
1.4 CITY-ST-ZIP	<b>Ocala, FL 34472</b>	
2.1 TITLE	<b>D/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Queram, Norman</b>	
2.3 STREET ADDRESS	<b>1710 Tamarack Street</b>	
2.4 CITY-ST-ZIP	<b>Plover, WI 54467</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lindmark, Robert</b>	
3.3 STREET ADDRESS	<b>570 S.E. Midway Drive #A</b>	
3.4 CITY-ST-ZIP	<b>Ocala, FL 34472</b>	
4.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rosselot, Joe</b>	
4.3 STREET ADDRESS	<b>8234 Fairways Circle</b>	
4.4 CITY-ST-ZIP	<b>Ocala, FL 34472</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*Joseph A. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**4-24-96**

DEVICE PHONE #

**352/680-0061**

CR2E037 (12/95)