

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20913 (2)**  
 1. Corporation Name  
**COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CO  
 NDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>FAIRWAYS CIRCLE OCALA FL 34472 US</b>	Mailing Address <b>1655 SW 5TH AVENUE OCALA FL 34474-3250</b>
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3. Date Incorporated or Qualified <b>06/01/1987</b>	Applied For Not Applicable
4. FEI Number <b>59-2816485</b>	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**NOLEN, M. JANE  
 ABS PROPERTY MANAGEMENT  
 1655 SW 5TH AVENUE  
 Ocala FL 34474-3250**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 <b>DSV</b>	NAME <b>EISENBERG, DEBORA</b>	1.1 TITLE <b>DTV</b>	1.2 NAME <b>Giovanniello, ALFred</b>
STREET ADDRESS <b>8203 FAIRWAYS CIRCLE, G-203</b>	CITY-ST-ZIP <b>OCALA FL 34472</b>	1.3 STREET ADDRESS <b>8138 FAIRWAY CIRCLE S202</b>	1.4 CITY-ST-ZIP <b>OCALA FL 34472</b>
TITLE <b>D</b>	NAME <b>GIOVANNIELLO, JERRY</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>8142 FAIRWAYS CIRCLE, S-204</b>	CITY-ST-ZIP <b>OCALA FL 34472</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>PENNA, IRIS</b>	3.1 TITLE <b>DSV</b>	3.2 NAME <b>Penna, IRIS</b>
STREET ADDRESS <b>8246 FAIRWAYS CIRCLE, D-204</b>	CITY-ST-ZIP <b>OCALA FL 34472</b>	3.3 STREET ADDRESS <b>8246 FAIRWAYS CIRCLE, D204</b>	3.4 CITY-ST-ZIP <b>OCALA FL 34472</b>
TITLE <b>DP</b>	NAME <b>QUERMAN, NORMAN</b>	4.1 TITLE <b>D</b>	4.2 NAME <b>QUERMAN, NORMAN</b>
STREET ADDRESS <b>1710 TAMARACK STREET</b>	CITY-ST-ZIP <b>PILOVER WI</b>	4.3 STREET ADDRESS <b>1710 TAMARACK STREET</b>	4.4 CITY-ST-ZIP <b>PILOVER WI</b>
TITLE <b>DTV</b>	NAME <b>BARBOZA, DOLLIE</b>	5.1 TITLE <b>DP</b>	5.2 NAME <b>Barboza, DOLLIE</b>
STREET ADDRESS <b>4860 N.W. 83 TERRACE</b>	CITY-ST-ZIP <b>OCALA FL 34482-8006</b>	5.3 STREET ADDRESS <b>4860 NW 83 TERRACE</b>	5.4 CITY-ST-ZIP <b>OCALA FL 34482-8006</b>
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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: *Dollie J. Barboza* *DP* *IRIS PENNA* *4/29/98* *352-3689667*

CR2E037 (10/97)