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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20913

1. Corporation Name

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

Principal Place of Business

FAIRWAYS CIRCLE
 Ocala FL 34472
 US

Mailing Address

1655 SW 5TH AVENUE
 Ocala FL 34474-3250



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/01/1987

22 City & State

27 City & State

4. FEI Number
 59-2816485

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24

29

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DTV DELETE
 NAME GIOVANNIELLO, ALFRED
 STREET ADDRESS 8138 FAIRWAY CIRCLE S202
 CITY-ST-ZIP Ocala FL 34472

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME GIOVANNIELLO, JERRY
 STREET ADDRESS 8142 FAIRWAYS CIRCLE, S-204
 CITY-ST-ZIP Ocala FL 34472

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DSV DELETE
 NAME PENNA, IRIS
 STREET ADDRESS 8246 FAIRWAYS CIRCLE, D-204
 CITY-ST-ZIP Ocala FL 34472

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME QUERMAN, NORMAN
 STREET ADDRESS 1710 TAMARACK STREET
 CITY-ST-ZIP PLOVER WI

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DP DELETE
 NAME BARBOZA, DOLLIE
 STREET ADDRESS 4860 N.W. 83 TERRACE
 CITY-ST-ZIP Ocala FL 34482-8006

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 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, with all other like empowered.

SIGNATURE:

Dollie Barboza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/98 352-351-0808
 Date Daytime Phone #

CR2E037 (11/98)