

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20913

1. Entity Name

COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CO

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90085 013 ****61.25

Principal Place of Business

Mailing Address

FAIRWAYS CIRCLE
 Ocala FL 34472
 US

1655 SW 5TH AVENUE
 Ocala FL 34474-3250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2816485

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Director Change Addition
 NAME William Bailey
 STREET ADDRESS 8150 Fairway Circle S203
 CITY-ST-ZIP Ocala FL 34472

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

TITLE Secretary Change Addition
 NAME Tom Abruzzo
 STREET ADDRESS 1655 SW 5TH AVE
 CITY-ST-ZIP Ocala FL 34474

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME BARBOZA Dollie
 STREET ADDRESS 516 A FAIRWAY CIRCLE
 CITY-ST-ZIP Ocala FL 34472

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dollie A. Barboza, President*

5-23-2000 352 694 9691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)