

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90242 008 \*\*\*\*61.25

**DOCUMENT # N20913**

1. Entity Name

**COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CO**

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

3. Mailing Address

**P.O. Box 2495**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Ocala, FL 34478**

4. FEI Number

**59-2816485**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34478**

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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)

**1320 S. E. 25th Loop, Suite 101**

City  
**Ocala**

**FL**

Zip Code  
**34471**

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

*M. Jane Nolen*

*M. Jane Nolen*

**1-24-01**

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 NAME	<b>DTV GIOVANNIELLO, ALFRED</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>8138 FAIRWAY CIRCLE S202 OCALA FL 34472</b>	
TITLE NAME	<b>D GIOVANNIELLO, JERRY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>8142 FAIRWAYS CIRCLE, S-204 OCALA FL 34472</b>	
TITLE NAME	<b>D QUERMAN, NORMAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1710 TAMARACK STREET PLOVER WI</b>	
TITLE NAME	<b>DP BARBOZA, DOLLIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4860 N.W. 83 TERRACE OCALA FL 34482-8006</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>9873 S. W. 59 Circle Ocala, FL 34476</b>	
TITLE NAME	<b>S/D Abruzzo, Tom</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>580 Haiq St. #106 Baldwin, NY 11510</b>	
TITLE NAME	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>8215 Fairways Circle G202 Ocala, FL 34472</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>516 Fairways Cir. #A</b>	
TITLE NAME	<b>D Bailey, Williams</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>3150 Fairways Circle #5203 Ocala, FL 34472</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Signature* **REQUIRED** *TREA'S*

352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)