

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90015 018 ****61.25

DOCUMENT # N20913

1. Entity Name

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

Principal Place of Business

Mailing Address

**FAIRWAYS CIRCLE
 Ocala FL 34472
 US**

**PO BOX 2495
 Ocala FL 34478**

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
 1320 SE 25TH LOOP STE 101
 Ocala FL 34471**

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: **9873 SW 59 CIR**
 CITY-ST-ZIP: **OCALA FL 34476**

TITLE: **DT** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **ABRUZZO, TOM**
 STREET ADDRESS: **580 HAIQ ST 106**
 CITY-ST-ZIP: **BALDWIN NY 11510**

TITLE: **DS** Change Addition
 NAME: **Penna, Iris A**
 STREET ADDRESS: **8246 Fairways Circle D204**
 CITY-ST-ZIP: **Ocala, FL 34472**

TITLE: **DV** Delete
 NAME: **QUERMAN, NORMAN**
 STREET ADDRESS: **8215 FAIRWAYS CIRCLE G202**
 CITY-ST-ZIP: **OCALA FL 34472**

TITLE: **DV** Change Addition
 NAME: **Gurrola, George**
 STREET ADDRESS: **11980 N.W. 86 St.**
 CITY-ST-ZIP: **Ocala, FL 34482**

TITLE: **DP** Delete
 NAME: **BARBOZA, DOLLIE**
 STREET ADDRESS: **516 FAIRWAYS CIR A**
 CITY-ST-ZIP: **OCALA FL 34482-8006**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: **4860 N.W. 83 Terr.**
 CITY-ST-ZIP: **Ocala, FL 34482**

TITLE: **D** Delete
 NAME: **BAILEY, WILLIAMS**
 STREET ADDRESS: **3150 FAIRWAYS CIRCLE 5203**
 CITY-ST-ZIP: **OCALA FL 34472**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 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)(l), 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 Barboza*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dollie Barboza**

2/25/02

352/369-9881

Date

Daytime Phone #

CR2E037 (9/01)