


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 010 ****61.25

DOCUMENT # N20913			
1. Entity Name COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business FAIRWAYS CIRCLE OCALA, FL 34472 US		Mailing Address P.O. BOX 830728 OCALA, FL 34478	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL, LISA K 610 SE 17TH STREET OCALA, FL 34471		Name <u>J. Thomas Cooley</u> Street Address (P.O. Box Number is Not Acceptable) <u>610 SE 17th Street</u> City <u>OCALA</u> FL Zip Code <u>34471</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>J. Thomas Cooley, CPA</u>		DATE <u>5/1/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENNA, IRIS A	NAME	<u>JAMES JACKSON</u>
STREET ADDRESS	8246 FAIRWAYS CIRCLE D204	STREET ADDRESS	<u>11980 NW 86th Street</u>
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	<u>OCALA, FL 34482</u>
TITLE	V	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURROLA, GEORGE	NAME	<u>Thomas Gurrola</u>
STREET ADDRESS	11980 NW 86 STREET	STREET ADDRESS	<u>11980 NW 86th Street</u>
CITY-ST-ZIP	OCALA, FL 34482	CITY-ST-ZIP	<u>OCALA, FL 34482</u>
TITLE	S	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISMAN, KATHY	NAME	<u>JAMES LAW</u>
STREET ADDRESS	8219 FAIRWAYS CIRCLE F201	STREET ADDRESS	<u>8288 FAIRWAYS CIRCLE, A102</u>
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	<u>OCALA, FL 34472</u>
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOOLCRAFT, IVAN	NAME	<u>Bernard Hindstrom</u>
STREET ADDRESS	8188 FAIRWAYS CIRCLE A102	STREET ADDRESS	<u>250 SKYTOP ROAD</u>
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	<u>ALTOONA, PA 15610</u>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>George Gurrola, President</u>		DATE <u>5/1/05</u> (352) 840-0880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50051858



01292005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2816485 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNA, IRIS A	
STREET ADDRESS	8246 FAIRWAYS CIRCLE D204	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	V	<input type="checkbox"/> Delete
NAME	GURROLA, GEORGE	
STREET ADDRESS	11980 NW 86 STREET	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHRISMAN, KATHY	
STREET ADDRESS	8219 FAIRWAYS CIRCLE F201	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOOLCRAFT, IVAN	
STREET ADDRESS	8188 FAIRWAYS CIRCLE A102	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>JAMES JACKSON</u>	
STREET ADDRESS	<u>11980 NW 86th Street</u>	
CITY-ST-ZIP	<u>OCALA, FL 34482</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	<u>OCALA, FL 34482</u>	
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CITY-ST-ZIP	<u>OCALA, FL 34472</u>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Bernard Hindstrom</u>	
STREET ADDRESS	<u>250 SKYTOP ROAD</u>	
CITY-ST-ZIP	<u>ALTOONA, PA 15610</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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SIGNATURE: George Gurrola, President DATE 5/1/05 (352) 840-0880