

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 005 ****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, *Fairway Circle* 3. Mailing Address *PO Box 830728*

Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State *OCALA FL* City & State *OCALA FL*

Zip *34483* Country *US*

4. FEI Number **59-2816485** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NOLEN, M. JANE
1320 SE 25TH LOOP STE 101
OCALA FL 34471

7. Name and Address of New Registered Agent

Name *Dollie Barboza*

Street Address (P.O. Box Number is Not Acceptable) *4860 NW 83rd Terr*

City *OCALA* FL Zip Code *34482*

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 *Dollie J. Barboza* *President - Board* DATE *8-19-03*

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
After September 10, 2003, min will be \$236.25

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	<i>DT</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>GIOVANNIELLO, ALFRED</i>	
STREET ADDRESS	<i>9873 SW 59 CIR</i>	
CITY-ST-ZIP	<i>OCALA FL 34476</i>	
TITLE	<i>DS</i>	<input type="checkbox"/> Delete
NAME	<i>PENNA, IRIS A</i>	
STREET ADDRESS	<i>8246 FAIRWAYS CIRCLE D204</i>	
CITY-ST-ZIP	<i>OCALA FL 34472</i>	
TITLE	<i>DV</i>	<input type="checkbox"/> Delete
NAME	<i>GURROLA, GEORGE</i>	
STREET ADDRESS	<i>11980 NW 86 STREET</i>	
CITY-ST-ZIP	<i>OCALA FL 34482</i>	
TITLE	<i>DP</i>	<input type="checkbox"/> Delete
NAME	<i>BARBOZA, DOLLIE</i>	
STREET ADDRESS	<i>4860 NW 83 TERRACE</i>	
CITY-ST-ZIP	<i>OCALA FL 34482</i>	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>BAILEY, WILLIAMS</i>	
STREET ADDRESS	<i>3150 FAIRWAYS CIRCLE 5203</i>	
CITY-ST-ZIP	<i>OCALA FL 34472</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ivan Schoolcraft</i>	
STREET ADDRESS	<i>8188 Fairways Circle A102</i>	
CITY-ST-ZIP	<i>OCALA FL 34472</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>S KATHY Chris mdr</i>	
STREET ADDRESS	<i>8219 Fairway Circle F201</i>	
CITY-ST-ZIP	<i>OCALA FL 34472</i>	

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 J. Barboza* *8-18-03* *352 3616716*

CR2E037 (4/03)