

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36210 (5)
1. Corporation Name
COUNTRY CLUB VILLAS I OF SPRING LAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business JERRY L JACKSON 6732 CONCORD ST SEBRING FL 33870 US	Mailing Address COUNTRY CLUB VILLAS P. O. BOX 455 LORIDA FL 33857-0455 US
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3. Date Incorporated or Qualified 01/17/1990	3a. Date of Last Report 04/10/1996
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number 59-3013492	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. City & State 22	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Zip 24	10. Country 30

9. Name and Address of Current Registered Agent JERRY L. JACKSON 6732 CONCORD ST SEBRING FL 33870		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAMPLER, HOWARD	1.2 NAME	
STREET ADDRESS	117 W NORTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WYANET IL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH JOHNSON	2.2 NAME	
STREET ADDRESS	1500 VILLAWAY WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITER, ROBERT	3.2 NAME	
STREET ADDRESS	1012 SHORT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESSON PA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BRIGGS	4.2 NAME	
STREET ADDRESS	7455 COLONIAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN HEIGHTS IN	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY NORMANDIN	5.2 NAME	JERRY GOORMASTIC
STREET ADDRESS	6440 CONCORD ST	5.3 STREET ADDRESS	6151 HIGHLANDS ST.
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	DEARBORN HEIGHTS, MI 48127
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Goormastic **REQUIRED** 4/23/97 941-655-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054005

CP2E037 (9/96)