

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

27 JUN 1995 11:26

**DOCUMENT # N38787 (0)**  
 1. Corporation Name

**COUNTRY CLUB VILLAGE, PHASE 3, PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 2699 CLUBHOUSE DR. LAKE WALES FL 33853  
 2699 CLUBHOUSE DR. LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/22/1990</b>	3a. Date of Last Report <b>10/13/1994</b>
4. FEI Number <b>59-3125669</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 109.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**WILLIAMS, ROBERT L JR ESQ**  
**225 E. PARK AVE.**  
**LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WILLIAMS, CLYDE
STREET ADDRESS	2688 CLUBHOUSE DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	VD
NAME	LEIS, RAY JR
STREET ADDRESS	1500 CLUBHOUSE DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	TD
NAME	GODSELL, CHARLES A
STREET ADDRESS	2708 CLUBHOUSE DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	SD
NAME	CONNER, JAMES
STREET ADDRESS	2712 CLUBHOUSE DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	JOHNSON, RONALD
STREET ADDRESS	2728 CLUBHOUSE DR.
CITY - ST - ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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: *[Signature]* DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brook Fox for C.A. Godsell, Pres.**

CR2E037 (3/95)