

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005203 (3)

1. Corporation Name

~~COUNTRY PLACE VILLAGE MEN'S CLUB, INC.~~
COUNTRY PLACE VILLAGE SERVICE CLUB INC.

Principal Place of Business

Mailing Address

10740 CENTRAL PARK AVENUE
NEW PORT RICHEY FL 34655-2200

10740 CENTRAL PARK AVENUE
NEW PORT RICHEY FL 34655-2200



3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, ALFRED W JR.
6845 RIDGE ROAD
PORT RICHEY FL 34668

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 617.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ACHIN, ALFRED R
STREET ADDRESS 10824 HAYDEN AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ DELETE

TITLE VD
NAME AQUILINO, JOHN
STREET ADDRESS 10908 HAYDEN AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ DELETE

TITLE SD
NAME ROE, SIDNEY
STREET ADDRESS 2801 COACHLITE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ DELETE

TITLE TD
NAME FERGUSON, JOHN
STREET ADDRESS 10740 CENTRAL PARK AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME WALTER CAVANAUGH

1.3 STREET ADDRESS 2517 LAMPLIGHTER DRIVE

1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME JOHN MAHONEY

2.3 STREET ADDRESS 10714 HAYDEN AVE

2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/19/96 813-376-5918

CR2E037 (3/96)