

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000006163 (7)

1. Corporation Name

COUNTRY CLUB VILLAGE MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1080 S. HOAGLAND BLVD.
LOT 172
KISSIMMEE FL 34741

1080 S. HOAGLAND BLVD.
LOT 172
KISSIMMEE FL 34741

2. Principal Place of Business

21 1080 S. Hoagland Blvd

Suite, Apt. #, etc.

22 Lot 194

City & State

23 Kissimmee, FL

Zip

24 34741

Country

25 USA

2a. Mailing Address

26 1080 S. Hoagland Blvd

Suite, Apt. #, etc.

27 Lot 172

City & State

28 Kissimmee, FL

Zip

29 34741

Country

30 USA

9. Name and Address of Current Registered Agent

RESNICK, MICHAEL L
1342 E. INE STREET
SUITE 236
KISSIMMEE FL 34744

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Linda Davids

82 Street Address (P.O. Box Number is Not Acceptable)

1416 Eola Circle

83

84 City

Kissimmee

FL

85 Zip Code

34741

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

Debra Hunter

1080 HOAGLAND BLVD LOT 194

Kissimmee, FL. 34741

VT5

STONER, DIANA

1080 HOAGLAND BLVD Lot 172

Kissimmee, FL. 34741

CD

MARTIN Smith

1080 HOAGLAND BLVD Lot 194

Kissimmee, FL. 34741

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 #

9-23-98

407-870-2194

CR2E037 (5/98)

FILED
Sep 30 1998 8:00am
Secretary of State

