

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995 *42795*



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

95 APR 27 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P15826** (1)  
1. Corporation Name  
**CONTINENTAL COUNTRY CLUB REALTY, INC.**

Principal Place of Business Mailing Address  
**50 CONTINENTAL BLVD  
BOX 101  
WILDWOOD FL 34785-6782  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/04/1987** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **75-2188155** 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  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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

9. Name and Address of Current Registered Agent  
**DAVIS, MARGORIE  
28 BOBCAT TRAIL  
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent  
81 Name **Walter MURPHY**  
82 Street Address (P.O. Box Number is Not Acceptable) **15 BOBCAT TRAIL**  
83  
84 City **WILDWOOD** FL 85 Zip Code **34785**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  
SIGNATURE *Walter B Murphy* DATE **3/28/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>SEC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNAVLEY, JERRI</b>	1.2 NAME	<b>DAVID LEVATHAN</b>
STREET ADDRESS	<b>73 BIG OAK LANE</b>	1.3 STREET ADDRESS	<b>27 SEMINOLE PATH</b>
CITY - ST - ZIP	<b>WILDWOOD FL 34785</b>	1.4 CITY - ST - ZIP	<b>WILDWOOD FL 34785</b>
TITLE	<del>VP</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ALLEN, ROBERT</del>	2.2 NAME	
STREET ADDRESS	<del>103 OAK BLVD</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>WILDWOOD FL 34785</del>	2.4 CITY - ST - ZIP	
TITLE	<del>TD</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SWIGER, ROWER</del>	3.2 NAME	
STREET ADDRESS	<del>3 LAZY HOLLY</del>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<del>WILDWOOD FL</del>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, WALTER</b>	4.2 NAME	<b>DAVID MAGALSKI</b>
STREET ADDRESS	<b>15 BOBCAT TRAIL</b>	4.3 STREET ADDRESS	<b>P.O. Box 19225 N/A</b>
CITY - ST - ZIP	<b>WILDWOOD FL</b>	4.4 CITY - ST - ZIP	<b>LEES AVENUE 34748</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DONALD</b>	5.2 NAME	
STREET ADDRESS	<b>4 BOBCAT TRAIL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WILDWOOD FL</b>	5.4 CITY - ST - ZIP	
TITLE	<del>V</del>	6.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WEAVER, T. EDWARD</del>	6.2 NAME	<b>MARVIN WARE</b>
STREET ADDRESS	<del>2814 E. CRYSTAL LAKE AVE</del>	6.3 STREET ADDRESS	<b>38 ROBIN Rd.</b>
CITY - ST - ZIP	<del>ORLANDO FL</del>	6.4 CITY - ST - ZIP	<b>WILDWOOD FL 34785</b>

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)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter B Murphy* (WALTER B. MURPHY) DATE: **3/28/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOHING OFFICER OR DIRECTOR

(904) 748-0100