

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90151 036 ***150.00

DOCUMENT # P15826

1. Entity Name

CONTINENTAL COUNTRY CLUB REALTY, INC.

Principal Place of Business 50 CONTINENTAL BLVD BOX 101 WILDWOOD FL 34785-6782 US	Mailing Address 50 CONTINENTAL BLVD BOX 101 WILDWOOD FL 34785-0101 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2188155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON, BILL 114 ROBIN LN WILDWOOD FL 34785	7. Name and Address of New Registered Agent Name: DAVID LENAHAN Street Address (P.O. Box Number is Not Acceptable): 27 SEMINOLE PATH City: WILDWOOD FL Zip Code: 34785
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: David E. Lenahan **DAVID E. LENAHAN** DATE: 4/10/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VP NAME: MURPHY, WALTER STREET ADDRESS: 15 BOB CAT TR. CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Delete	TITLE: Raye Guardado Sec. NAME: Raye Guardado STREET ADDRESS: 207 ROBIN LANE CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: LENAHAN, DAVID STREET ADDRESS: 27 SEMINOLE PATH CITY-ST-ZIP: WILDWOOD FL	<input type="checkbox"/> Delete	TITLE: VP NAME: Maurice Polly STREET ADDRESS: 3 GOLFVIEW TRAIL CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: TSCHIDA, WILLIAM STREET ADDRESS: 3401 CALGARY LN. CITY-ST-ZIP: MT. DORA FL 32757	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Phillip Baver STREET ADDRESS: 7 LAZY HOLLOW CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: THOMPSON, BILL STREET ADDRESS: 2 ROBIN RD CITY-ST-ZIP: WILDWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Robert Toiano STREET ADDRESS: 401 S. TIMBER TRAIL CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MARZER, ALEX STREET ADDRESS: 67 BIG OAR LN. CITY-ST-ZIP: WILDWOOD FL 34785	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Robert Jones STREET ADDRESS: 83 N. 353 WHITE TRAIL CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: WARE, MARVIN STREET ADDRESS: 38 ROBIN RD CITY-ST-ZIP: WILDWOOD FL	<input type="checkbox"/> Delete	TITLE: Director NAME: Charles Henngen STREET ADDRESS: 108 PINE PLACE CITY-ST-ZIP: WILDWOOD FL 34785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Lenahan **DAVID E. LENAHAN** DATE: 4/10/00 (352) 748-9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)