

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20913

Entity Name: COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**11980 NW 86TH STREET
OCALA, FL 34482**Current Mailing Address:**C/O AUTUMN MANAGEMENT, LLC.
P.O. BOX 3644
OCALA, FL 34478 US**FEI Number: 59-2816485****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AUTUMN MANAGMENT, LLC.
C/O AUTUMN MANAGEMENT, LLC.
P.O. BOX 3644
OCALA, FL 34478 US*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: ANN CHAFFIN****04/26/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GURROLA, GEORGE
Address	C/O AUTUMN MANAGMENT, LLC. P.O. BOX 3644
City-State-Zip:	OCALA FL 34478

Title	TREASURER
Name	GURROLA, THOMAS
Address	C/O AUTUMN MANAGEMENT, LLC. P.O. BOX 3644
City-State-Zip:	OCALA FL 34478

Title	DIRECTOR
Name	JACKSON, JAMES
Address	C/O AUTUMN MANAGEMENT, LLC. P.O. BOX 3644
City-State-Zip:	OCALA FL 34478

Title	SECRETARY
Name	SHAH, ALI
Address	C/O AUTUMN MANAGEMENT, LLC. P.O. BOX 3644
City-State-Zip:	OCALA FL 34478

Title	VP
Name	WIKSTROM, RONALD
Address	C/O AUTUMN MANAGEMENT, LLC. P.O. BOX 3644
City-State-Zip:	OCALA FL 34478

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE GURROLA**PRESIDENT****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date