

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 727011	
1. Entity Name COUNTRY CLUB TOWNHOUSES WEST, INC.	

Principal Place of Business 2056 COUNTRYSIDE CIRCLE NORTH ORLANDO, FL 32804	Mailing Address 2056 COUNTRYSIDE CIRCLE NORTH ORLANDO, FL 32804
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03302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609938	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANTHONY, ROBERT WESQ 1325 W COLONIAL DRIVE ORLANDO, FL 32804	DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.	

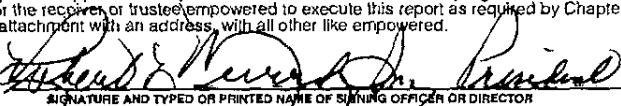
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAH, ROBERT L SR 903 SUSSEX CLOSE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HATCH, JOHN 908 HILLARY CT ORLANDO, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TALBOTT, NANCY R 905 SUSSEX CLOSE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTHERFORD, SYBIL T 900 HILLARY CT ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/05-80101-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/31/05 (407) 843-2757 Date Daytime Phone #
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