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	Mailing Address
2056 COUNTRYSIDE CIRCLE NORTH ORLANDO, FL 32804	2056 COUNTRYSIDE CIRCLE NORTH ORLANDO, FL 32804

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03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1609938
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, ROBERT W ESQ
1325 W COLONIAL DRIVE
ORLANDO, FL 32804

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURRAH, ROBERT L SR
STREET ADDRESS	903 SUSSEX CLOSE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VPD
NAME	HATCH, JOHN
STREET ADDRESS	908 HILLARY CT
CITY-ST-ZIP	ORLANDO, FL 32084
TITLE	SD
NAME	TALBOTT, NANCY R
STREET ADDRESS	905 SUSSEX CLOSE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	TD
NAME	RUTHERFORD, SYBIL T
STREET ADDRESS	900 HILLARY CT
CITY-ST-ZIP	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

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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: Robert L Murrah Sr President 3/31/05 (407) 843-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #