

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 727011

FILED  
Nov 17, 2009  
Secretary of State

**Entity Name:** COUNTRY CLUB TOWNHOUSES WEST, INC.

**Current Principal Place of Business:**

2056 COUNTRYSIDE CIRCLE NORTH  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2056 COUNTRYSIDE CIRCLE NORTH  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-1609938      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MURRAH, ROBERT L SR.  
2056 COUNTRYSIDE CIRCLE NORTH  
ORLANDO, FL 32804 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: ROBERT L. MURRAH, SR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MURRAH, ROBERT L SR  
Address: 903 SUSSEX CLOSE  
City-St-Zip: ORLANDO, FL 32804

Title: VPD ( ) Delete  
Name: HATCH, JOHN  
Address: 908 HILLARY CT  
City-St-Zip: ORLANDO, FL 32084

Title: STD ( ) Delete  
Name: CREWS, DONALD R  
Address: 2084 COUNTRYSIDE CIRCLE SOUTH  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD R. CREWS

STD

11/17/2009

Electronic Signature of Signing Officer or Director

Date