

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90152 034 \*\*\*\*61.25

0022106

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733379

1. Corporation Name

COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOCIATION, INC.

Principal Place of Business

10777 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

Mailing Address

10777 W. SAMPLE RD.  
CORAL SPRINGS FL 33065



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

07/24/1975

4. FEI Number

59-1579150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MASON, DANIEL J MD  
COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOC.  
10777 W. SAMPLE RD  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Daniel J. Mason, M.D.

Feb. 25, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME MASON, DR. DANIEL J  
STREET ADDRESS 10777 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS, FL 00000

TITLE VD  DELETE

NAME IARRICCIO, NICHOLAS J.  
STREET ADDRESS 10777 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS, FL 00000

TITLE M  DELETE

NAME IZONE, DOROTHY  
STREET ADDRESS 10777 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS, FL 00000

TITLE TD  DELETE

NAME WILLIAM C HARRELL  
STREET ADDRESS 10777 W. SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SD  DELETE

NAME SANDEROFF, NANCY  
STREET ADDRESS 10777 W SAMPLE RD  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Secretary  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Member at Large  Change  Addition

5.2 NAME Joyce P. Freeman  
5.3 STREET ADDRESS 10777 W. Sample Rd.  
5.4 CITY-ST-ZIP Coral Springs, FL 33065

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual reports 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/98 (954) 752-3750

CR2E037 (11/98)