



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90007 004 ****61.25

DOCUMENT # 733379					
1. Entity 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		<p style="text-align: center; font-size: 24px;">44007047</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1579150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MASON, DANIEL J MD COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOC. 10777 W. SAMPLE RD CORAL SPRINGS, FL 33065				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, DR. DANIEL J		NAME		
STREET ADDRESS	10777 W SAMPLE RD		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, JOHN		NAME		
STREET ADDRESS	10777 W SAMPLE RD		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZONE, DOROTHY		NAME		
STREET ADDRESS	10777 W SAMPLE RD		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDUCCI, ANGELA		NAME		
STREET ADDRESS	10777 W. SAMPLE RD		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP		
TITLE	ML	<input checked="" type="checkbox"/> Delete	TITLE	ML	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUELICH, HORST		NAME	Bill Harrell	
STREET ADDRESS	10777 W SAMPLE RD		STREET ADDRESS	10777 W. Sample Rd.	
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP	Coral Springs, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____		PRES		2/05/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	