


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90004 034 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip-	Country	4. FEI Number 59-1579150	
				Applied For Not Applicable	
				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 _____ 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. <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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, BILL			NAME	
STREET ADDRESS	10777 W SAMPLE RD			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP	
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: <u>John McDonnell</u> <u>JOHN MCDONNELL</u> <u>V.P. 5-1-05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					