
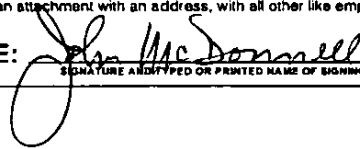


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90035 046 \*\*\*\*61.25

<b>DOCUMENT # 733379</b>				
1. Entity Name <b>COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOCIATION, INC.</b>				
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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1579150</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>
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
				<b>FL</b>
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 renewing) _____ DATE _____				
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
			<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, DONALD		NAME	
STREET ADDRESS	10777 WEST SAMPLE ROAD		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	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	RUBIN, JEROME		NAME	
STREET ADDRESS	10777 WEST SAMPLE ROAD		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		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 exemptions contained 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 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.				
<b>SIGNATURE:</b> 		John McDonnell		8-13-07-954-752-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

**66020930**



07032007 Chg-NP CR2E037 (12/06)