


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90061 048 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

Country  
 Country

400-



01252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-1579150

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. 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

7. Name and Address of New Registered Agent

Name: *John McDonnell*

Street Address (P.O. Box Number is Not Acceptable):  
*10777 W. Sample Rd*

City: *Coral Springs* FL Zip Code: *33065*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	ML	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, DR. DANIEL J			NAME	<i>Mason, Dr. Daniel</i>		
STREET ADDRESS	10777 W SAMPLE RD			STREET ADDRESS	<i>10777 W. Sample Rd, C.S, FL</i>		
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONNELL, JOHN			NAME	<i>McDonnell, John</i>		
STREET ADDRESS	10777 W SAMPLE RD			STREET ADDRESS	<i>10777 W. Sample Rd</i>		
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	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBIN, JEROME			NAME	<i>Rubin, Jerome</i>		
STREET ADDRESS	10777 WEST SAMPLE ROAD			STREET ADDRESS	<i>10777 W Sample Rd</i>		
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.

SIGNATURE: *Donald J Flynn* 1/29/08 954 752-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #