


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90021 024 ****61.25

DOCUMENT # 746734

1. Entity Name
**COUNTRY CLUB APARTMENTS OF MILES GRANT
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address
5111 S.E. MILES GRANT RD., BOX 105A 5111 S.E. MILES GRANT RD., BOX 105A
STUART FL 34997 STUART FL 34997

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1917981** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HELLEBERG, ALFRED
5111 MILES GRANT RD., APT. 205
STUART FL 34997**

7. Name and Address of New Registered Agent
Name **KRISTA McGOVERN**
Street Address (P.O. Box Number is Not Acceptable)
5111 SE MILES GRANT RD APT. 105
City **STUART** FL Zip Code **34997**

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 *Krista McGovern* **KRISTA McGOVERN SECRETARY TREASURER 2/3/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

| | | |
|----------------|-------------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | BREWER, GORDON | |
| STREET ADDRESS | 5111 S.E. MILES GRANT 105 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CROWELL, EDWARD | |
| STREET ADDRESS | 5111 S.E. MILES GRANT 201 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | ARBEENEY, ROBERTA | |
| STREET ADDRESS | 5111 S.E. MILES GRANT RD. 202 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | HELLEBERG, ALFRED | |
| STREET ADDRESS | 5111 SE MILES GRANT 205 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFRED HELLEBERG | |
| STREET ADDRESS | 5111 SE MILES GRANT RD APT 205 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELEN TIDGWELL | |
| STREET ADDRESS | 5111 SE MILES GRANT RD. APT. 204 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | SECRETARY - TREASURER | |
| NAME | KRISTA McGOVERN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5111 SE MILES GRANT RD APT. 105 | |
| CITY-ST-ZIP | STUART FL 34997 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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)(l), 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: *Alfred R. Helleberg* **ALFRED HELLEBERG** 1/30/04 283-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #