


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # 746734 | |  | |
| 1. Entity Name COUNTRY CLUB APARTMENTS OF MILES GRANT CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 5111 S.E. MILES GRANT RD., BOX 105A STUART FL 34997 | | Mailing Address 5111 S.E. MILES GRANT RD., BOX 105A STUART FL 34997 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCGOVERN, KRISTA 5111 MILES GRANT RD., APT. 105 STUART FL 34997 | | 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) | | | |
| Signature, typed or printed name of registered agent and title if applicable | | | |
| DATE | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 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 | V | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | NELLEBERG, ALFRED | NAME | |
| STREET ADDRESS | 5111 SE MILES GRANT RD APT 205 | STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34997 | CITY-ST-ZIP | |
| TITLE | P | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | WEST, SAM | NAME | |
| STREET ADDRESS | 5111 SE MILES GRANT RD, APT 202 | STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34997 | CITY-ST-ZIP | |
| TITLE | ST | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MCGOVERN, KRISTA | NAME | |
| STREET ADDRESS | 5111 SE MILES GRANT RD APT 105 | STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34997 | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
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| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1917981 Applied For Not Applied

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

U00000409987
02/09/06-80018-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Robert R. Huchins* 1/30/06 112-283-37