2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 746734

1. Entity Name

COUNTRY CLUB APARTMENTS OF MILES GRANT CONDOMINIUM ASSOCIATION, INC.



FILED Jan 31, 2008 08:00 A Secretary of State

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Principal Place of Business Mailing Address												
5111 S.E. MILES GRANT RD.,BOX 105A STUART FL·34997			5111 S.E. MILES GRANT RD.,BOX 105A STUART FL 34997					1 2 3 1 1				
2. Principa: F	Place of Busine	ess - No P.O. Box #	3. Maile	3. Mailing Address				E	 	91911 41 811 81911 811	[(448) 81 881	
, Suite, Apt	#. etc.		Suite, Apt. #, etc.				1st N	1st MOORE CR2E037 (10/07)				
City & State			City & State				4. FEI Number	59-191798	31	— — — — — — — — — — — — — — — — — — —	oplied For	
Zíp	Country Zi			p Country		у	5. Certificate of	Status Desired		\$8.75 Add		
	6. Name	and Address of Current	Registered	Agent		7. Name and Address of New Registered Agent						
The state of the s						Name						
511	GOVERN, 1 MILES C	GRANT RD., APT.	105	05			Street Address (P.O. Box Number is Not Acceptable)					
SIL	JART FL 3	4997								7 - 0 - 4		
					,	City			Fl	Zip Cod	e j	
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. Lam familiar with, and accept the obligations of registered agent.												
SIGNATURE Stignature, typed or correct name of registered depart and title if applicable (NOTE: Registered Agent signables required when recessions) CATE												
***		20 to 2022 to 10 t										
FILE NOW: FEE IS \$61.25 9. Electron Campai Trust Fund Cont							\$5.00 May Be Added to Fees	Flor	ida Depa	k Payable rtment of \$	State	
10.	1	OFFICERS AND DI	RECTORS		11.	,	ADDITIONS/CHAN	IGES TO OFFIC	ERS AND D	IRECTORS IN	110	
TITLE	V			Delete	TITLE					☐ Change	Addition	
NAME	NELLEBERG, ALFRED 5111 SE MILES GRANT RD APT 20			NAM								
STREET ADDRESS CITY-ST-ZIP	STUART FL 34997				STREET A							
TITLE	P		*****	☐ Delate	TITLE	C.		Hamara	202004	Change	Addition	
NAME	WEST, SAM	!		CT Detate	NAME		ſ		80065-1 8006551	∪ Gange }N 3 E1 2		
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CITY-ST-ZIP STUART FL 34997				CIF		ZiP					ĺ	
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NAME	DUIMSTRA,				NAME							
	1	LES GRANT RD #101			STREET A							
CITY-ST-ZIP	STUART FL	34997			CITY - ST-	ZiP						
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NAME STREET ADDRESS					NAME STREET A	DDDCCC						
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CITY-ST-ZIP					CITY-ST-	Z:P			-			

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:

Ween the composition of the corporation of t