2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPC)RT (AR)			_		FII	LED	
DOCUMENT # 747609 1. Entity Name 448 COMMUNITY CLUB, INC.		• •	المشيب بدعانها			Mar 01, 2007 08:00 Al Secretary of State				
440 001	WINIOIATT CLOB, IIAC.									
Principal Place of Businoss		Maili	ng Address							
16024 CR 448 TAVARES FL 32778 US		28947 SANDY LN TAVARES FL 32778 US								
2. Principal Place of Business - No P O. Box #		3. Ma	3. Mailing Address				II BIBIJ Jeets b ilit s	B B B J B B	BIBII SADA BIBII BI	
Suito, Apt. #, etc.		Suito, Apt. #, otc.				1st MOORE CR2E037 (10/06)				
City & State		С	City & State			4. FEI Number Applied For 59-2008027 Not Applied blo				
Zip Country		Zi	Zip C		untry	5. Cortificate of Status Desired See Required			ditional	
	6. Name and Address of Curren	t Register	ed Agent			7. Name and Ad	dress of New	Registered .		
WOOD OUTSTEE					Name			<u> </u>		
WOOD, SUZETTE 28947 SANDY LAKE			[Street Address	reat Address (P.O. Box Number is Not Accoptable)				
IA	VARES FL 32778				Cib	 			7:- 0:-	
D. The about				, .	City			FL		
	e named entity submits this statement in tions of registored agent.	ior (no purp	oose of changing its r	egistoro	ea office or registe	ered agent, or both, ir	ine State of F	lorida. I am	iamiliar with,	and accept
CICALATURE										
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it ap	plicable. (NOTE:	Rugistered	d Agent signature require	d when reinstailing)		DATE		
	FILE NOW: FEE IS \$61,25		9. Election Camp	naian E	inancina	фг оо -		oko Chod	. Davabla	••
	Due By May 1, 2007	ੇ ਭਾਵ	Trust Fund Co	_		\$5.00 May Be Added to Fees		ake Checi ida Depar		
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND DI	RECTORS IN	1 10
TITLE NAME	P ALIMADO ADICAIC		Delele	THE					☐ Change	Addition
STREET ADDRESS	ALWARD, ARLENE 28009 LOIS DR			NAME	ET ADDRESS		Nooooo	:52758	ar ou or	_
CITY-S1-ZIP	TAVARES FL 32778			CITY-	-ST-ZIP	03,	/12/07-8	WU31-UL	15 51. 23	•
IIIU	V		☐ Delete	III					☐ Change	Addition
NAME educat annuaree	HIXON, JIMMIE			NAME						
STREET ADDRESS CITY-ST-ZIP	28832 TAMMI DR TAVARES FL 32778				ET ADDRESS - ST- ZIP					
THILE	T		☐ Delete	HILE	——————————————————————————————————————				☐ Change	Addition
NAME	WOOD, SUZETTE			"NAME	I					(1997)
STREET ADDRESS	28947 SANDY LN				T ADDRESS					
CITY - SI - ZIP	TAVARES FL 32778				·ST-ZIP					
title Name	S ADLER, MARILYN		Delele	TOTLE.					☐ Change	☐ Addstion
STREET ADDRESS	28940 WILLIAMS WOODS DR				T ADDRESS					
CATY-ST-ZIP	TAVARES FL 32778			CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE				•••	☐ Change	Addition
NAME				NAME	l l					
STREET ADDRESS CITY - ST - ZIP				2	T ADDRESS					
				1	SI-ZIP			.	[] At	
TITLE NAME			Delete	TITLE Name					☐ Change	Addition
STREET ADORESS					LADDRESS	-				
CITY-ST-ZIP					ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 offect 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: __