

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

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90007 022 ****61.25

DOCUMENT # 751337

1. Entity Name

COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

114 COUNTRY CLUB DRIVE
NICEVILLE FL 32578-2006
US

Mailing Address

114 COUNTRY CLUB DRIVE
NICEVILLE FL 32578-2006
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2389490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

HALSTON, BETTY L
114 COUNTRY CLUB DRIVE
NICEVILLE FL 32578-2006

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GREEN, EDITH
112 COUNTRY CLUB DR
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
DERRICK, BETTY
113 COUNTRY CLUB DR
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
GARGIULO, DENNIS
235 DEER AVENUE
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BHATTACHARYA, JNANODOY
4217 SHADOW LANE
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BUTTON, ROBERT
302 PALMETTO AVE
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
P.O. Box 76
Niceville FL 32588

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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: Elizabeth A. Derrick, President

18 Feb 08 850-678-2509