2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 751337

Entity Name: COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

114 COUNTRY CLUB DRIVE
NICEVILLE, FL 325782006 US

New Principal Place of Business:

Current Mailing Address:

114 COUNTRY CLUB DRIVE
NICEVILLE, FL 325782006 US

New Mailing Address:

FEI Number: 59-2389490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALSTON, BETTY L
114 COUNTRY CLUB DRIVE
NICEVILLE, FL 325782006 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GREEN, EDITH
Address: 112 COUNTRY CLUB DR
City-St-Zip: NICEVILLE, FL 32578

Title: PD ( ) Delete
Name: DERRICK, BETTY
Address: 113 COUNTRY CLUB DR
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete
Name: GARGIULO, DENNIS
Address: POB 76
City-St-Zip: NICEVILLE, FL 32588

Title: D ( ) Delete
Name: BHATTACHARYA, JNANODOY
Address: 4217 SHADOW LANE
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: BUTTON, ROBERT
Address: 302 PALMETTO AVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. DERRICK PRES 01/06/2009

Electronic Signature of Signing Officer or Director — Date