


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

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752679</b>			
1. Entity Name <b>COUNTRY CLUB VILLAS II ASSOCIATION, INC.</b>			
Principal Place of Business <b>POST OFFICE BOX 7543 SEBRING FL 33872</b>		Mailing Address <b>POST OFFICE BOX 7543 SEBRING FL 33872</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MILUM, MARILYN 3831 SARRIA AVENUE SEBRING FL 33872</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City  <b>FL</b> 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.		4. FEJ Number <b>59-2122430</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>	
SIGNATURE		DATE	



1st MOORE CR2E037 (10/05)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)	
TITLE	D BLANKENSHIP, SHARON	TITLE	
NAME	1122 HORTON RD	NAME	
STREET ADDRESS	HOLLY MI 48442	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DP GATTO, NICHOLAS	TITLE	
NAME	3772 PERUGIA AVE	NAME	
STREET ADDRESS	SEBRING FL 33872	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DV DUNCAN, HOWARD	TITLE	
NAME	67 WILMET TR	NAME	
STREET ADDRESS	NEWCASTLE ONTARIO CA 11-8188	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DS JEFFERSON, MARGARET	TITLE	
NAME	3816 PERUGIA AVE.	NAME	
STREET ADDRESS	SEBRING FL 33872	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D BOURDEAU, DOROTHY	TITLE	
NAME	168 BENNETT ST EAST	NAME	
STREET ADDRESS	GODERICH ONTARIO CA n7-a4h4	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000505115  
04/26/06-80105-008 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 *Margaret D. Jefferson* 04/12/06