


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90063 025 ****61.25

DOCUMENT # 752679			
1. Entity Name COUNTRY CLUB VILLAS II ASSOCIATION, INC.			
Principal Place of Business 3831 SARRIA AVE SEBRING, FL 33872		Mailing Address POST OFFICE BOX 7543 SEBRING, FL 33872	
2. Principal Place of Business - No P.O. Box # 3800 Perugia Ave		3. Mailing Address	
Suite, Apt. #, etc. Sebring FL		Suite, Apt. #, etc.	
City & State 33872 USA		City & State	
Zip	Country	Zip	Country
02172008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2122430		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILUM, MARILYN 3831 SARRIA AVENUE SEBRING, FL 33872		7. Name and Address of New Registered Agent Name PRYOR, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 3800 Perugia Ave City Sebring FL Zip Code 33872	
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 <i>Kathleen Pryor</i> DATE 3/3/08 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, SHARON	NAME	
STREET ADDRESS	1122 HORTON RD	STREET ADDRESS	
CITY-ST-ZIP	HOLLY, MI 48442	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D Marilyn Milum <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOULEN, STEVEN	NAME	3831 Sarria Ave
STREET ADDRESS	3709 SARRIA AVE	STREET ADDRESS	Sebring FL 33872
CITY-ST-ZIP	SEBRING, FL 33872	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, HOWARD	NAME	
STREET ADDRESS	67 WILMET TR	STREET ADDRESS	
CITY-ST-ZIP	NEWCASTLE ONTARIO, CA 118188	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, BERNARD	NAME	
STREET ADDRESS	116 CARRIAGE ST	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15237	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DP Bourdeau, Dorothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURDEAU, DOROTHY	NAME	166 Bennett St
STREET ADDRESS	166 BENNETT ST	STREET ADDRESS	Goderich Ontario CAN
CITY-ST-ZIP	GODERICH ONTARIO, CA N7-A44	CITY-ST-ZIP	NTA 4H4
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dorothy J. Bourdeau</i> DOROTHY J. Bourdeau March 4/08 863 385-4212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			