2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 753436

1. Entity Name
COUNTRY CLUB ESTATES ASSOCIATION OF LEHIGH ACRES,INC.

Principal Place of Business	Mailing Address
1421 ARCHER ST LEHIGH ACRE, FL 33972 US	P O BOX 25 LEHIGH ACRES, FL 33970 US

01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0899094
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARINO, ROBERT
1421 ARCHER ST
LEHIGH ACRES, FL 33972

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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 ROBERT MARINO Robert Marino 1-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARINO, ROBERT
STREET ADDRESS	1421 ARCHER ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	TR
NAME	TREMBLAY, LOUISE
STREET ADDRESS	1621 COUNTRY CLUB PARKWAY
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	SD
NAME	MARINO, MARY
STREET ADDRESS	1421 ARCHER ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	VP
NAME	KING, KENNETH
STREET ADDRESS	106 ORTONOA ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80011-006 61.25

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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: Robert Marino ROBERT MARINO 1-25-07 239-369-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #