2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 753436

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

Current Principal Place of Business:

1421 ARCHER ST
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 25
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 59-0899094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINO, ROBERT
1421 ARCHER ST
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

MARINO, ROBERT
1421 ARCHER ST
LEHIGH ACRES, FL 33936 US

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: ROBERT MARINO 01/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARINO, ROBERT
Address: 1421 ARCHER ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TR ( ) Delete
Name: TREMBLAY, LOUISE
Address: 1621 COUNTRY CLUB PARKWAY
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD ( ) Delete
Name: MCCULLY, KAREN
Address: 1737 ENGLEWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Delete
Name: MCCULLY, FRANK
Address: 1737 ENGLEWOOD AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

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:

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: ROBERT MARINO PD 01/26/2009
Electronic Signature of Signing Officer or Director Date