

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759819

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: COUNTRY CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3133 IRONWOOD DR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

3133 IRONWOOD DR  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

FEI Number: 59-2346613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAISEY, TROTMAN TREAS  
3084 IRONWOOD DR  
TALLAHASSEE, FL 32309 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: MARTINSON, GREGORY  
Address: 3048 IRONWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD ( ) Delete  
Name: STROFFOLINO, DAVID  
Address: 3072 IRONWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD ( ) Delete  
Name: FOX, PEGGY  
Address: 3064 IRONWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: DETERS, SHERRY  
Address: 3068 IRONWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete  
Name: TROTMAN, DAISEY  
Address: 3084 IRONWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32309

**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: DAISEY TROTMAN

TD

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date