

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

0069082

**DOCUMENT # 762077**

1. Entity Name

**COUNTRY CLUB PLACE CONDOMINIUM ASSOCIATION, INC.**

04-13-2001 90086 033 \*\*\*\*61.25

Principal Place of Business 4515 COUNTRY CLUB BLVD CAPE CORAL FL 33904 US	Mailing Address P O BOX 100831 CAPE CORAL FL 33910 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2345564</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**OLSON, BARBARA**  
**PROFESSIONALLY YOURS, INC.**  
**1342 SE 46TH LANE 3**  
**CAPE CORAL FL 33904**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	WALSH, ROBERT	4515 COUNTRY CLUB BLVD. 201	CAPE CORAL FL 33904	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	CALIFANO, VINCENT	4525 COUNTRY CLUB BLVD 108	CAPE CORAL FL 33904	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	LEWIS, JANE	4515 COUNTRY CLUB BLVD #105	CAPE CORAL FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	RACINE, MARIE	4515 COUNTRY CLUB BLVD. 105	CAPE CORAL FL 33904	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	SD	WRIGHT, MARGIE	4515 COUNTRY CLUB BLVD #205	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	SCHOO, FRANCIS	1973 EISENBATH ROAD	O'FALLEN, MO 63366	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01  
 Date

Daytime Phone #

CR2E037 (10/00)