


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90068 014 ****61.25

DOCUMENT # 762077

1. Entity Name
COUNTRY CLUB PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 4515 COUNTRY CLUB BLVD
 CAPE CORAL, FL 33904 US

Mailing Address
 P O BOX 100831
 CAPE CORAL, FL 33910 US

94050546



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02202004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
CAMPBELL, PHILIP
PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE 3
CAPE CORAL, FL 33904

4. FEI Number
59-2345564

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, BARRY	
STREET ADDRESS	3921 SE 19TH AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CALIFANO, VINCENT	
STREET ADDRESS	4525 COUNTRY CLUB BLVD 108	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RACINE, MARIE	
STREET ADDRESS	4515 COUNTRY CLUB BLVD. 105	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, MARGIE	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #205	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EYE, WILLIAM	
STREET ADDRESS	4525 COUNTRY CLUB BLVD #208	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAITE, CHERYL	
STREET ADDRESS	4525 COUNTRY CLUB BLVD #107	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JANE	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #103	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZ, MARTIN	
STREET ADDRESS	4515 COUNTRY CLUB BLVD #206	
CITY-ST-ZIP	CAPE CORAL, FL 33904	

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 another, I am empowered.

SIGNATURE: *Vincent E. Califano* Vincent E. Califano 239 542-6541
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #