


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90079 012 \*\*\*\*61.25

<b>DOCUMENT # 762617</b>					
1. Entity Name COUNTRY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33075 US			Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33075 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  ROBT. KAVE & ASSOCIATES, INC. 6261 NW 6 WAY, SUITE 103 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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, 2005		9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPINDEA, BOENERGE		NAME	LIDDELL, DWAYNE	
STREET ADDRESS	3228 NW 102 TERR.		STREET ADDRESS	3210 NW 102 TERR F202	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHMANI, IRAJ		NAME		
STREET ADDRESS	9055 NW 52 COURT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTELL, LILLIAN		NAME		
STREET ADDRESS	3282 NW 102 TERR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33077		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, LEWIS		NAME		
STREET ADDRESS	PO BOX 772442		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33077		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lillian Sartell</i>			3/25/05 957 3445353		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		