

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90068 011 ****61.25

DOCUMENT # N02000006173

1. Entity Name
COUNTRY CLUB CONDOMINIUM OF NAPLES
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1044 CASTELLO DR
206
NAPLES, FL 34103

Mailing Address
1044 CASTELLO DR
206
NAPLES, FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-NP

CR2E037 (10/03)

4. FEI Number
90-0094252

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN E
1044 CASTELLO DR
206
NAPLES, FL 34103

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PD	<input checked="" type="checkbox"/> Delete
NAME	LIUZZO, ANTHONY	
STREET ADDRESS	1535 ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEN GRUND	
STREET ADDRESS	401 BAYFRONT PLACE # 3301	
CITY-ST-ZIP	NAPLES, FL. 34102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DARRYL KOURDOVELIS	
STREET ADDRESS	155 TORREY PINES POINT	
CITY-ST-ZIP	NAPLES, FL. 34113	
TITLE	S/T D	<input type="checkbox"/> Delete
NAME	ANN RESTIVO	
STREET ADDRESS	4041 GULFSHORE BLVD. #710	
CITY-ST-ZIP	NAPLES, FL. 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04

651-398-5227