



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90103 045 \*\*\*\*61.25

<b>DOCUMENT # N02000006173</b>					
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		20033006  	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 90-0094252	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS, STEPHEN E 1044 CASTELLO DR 206 NAPLES, FL 34103				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUND, KEN		NAME		
STREET ADDRESS	401 BAYFRONT PLACE #3301		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUDOVELIS, DARRYL		NAME		
STREET ADDRESS	155 TORREY PINES POINT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTIVO, ANN		NAME		
STREET ADDRESS	4041 GULFSHORE BLVD., #710		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JONES, GARY	
STREET ADDRESS			STREET ADDRESS	800 SOUTH GOLF DR #108	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL. 34113	
TITLE		<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KARLSON, DONNA	
STREET ADDRESS			STREET ADDRESS	800 SOUTH GOLF DR. #202	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL. 34113	
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>Donna E. Karlson</i> (Donna E. Karlson)		4/11/05		732-887-3243	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	