

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2009
Secretary of State**

DOCUMENT# N02000006173

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

Current Principal Place of Business:

C/O FRITZ PROPERTY MANAGEMENT
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

C/O FRITZ PROPERTY MANAGEMENT
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 90-0094252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRITZ, ROBERT
FRITZ PROPERTY MGMT.
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HOLCOMB, RICHARD
Address: 800 S GOLF DRIVE, #209
City-St-Zip: NAPLES, FL 34102

Title: VPTD () Delete
Name: SCHWAGINGER, ROD
Address: 800 GOLF DRIVE #201
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: KARLSON, DONNA
Address: 800 SOUTH GOLF DR #202
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOLCOMB, RICHARD
Address: 800 S GOLF DRIVE, #209
City-St-Zip: NAPLES, FL 34102

Title: DVP (X) Change () Addition
Name: PETRUNOFF, BETH
Address: 800 GOLF DRIVE #107
City-St-Zip: NAPLES, FL 34102

Title: PDST (X) Change () Addition
Name: STISS, JILL
Address: 800 SOUTH GOLF DR #203
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DICK HOLCOMB

DP

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date