


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90022 028 ****61.25

DOCUMENT # N03000000663

1. Entity Name
THE CHAMPIONS' CLUB OWNERS ASSOCIATION, INC.



Principal Place of Business
**43309 US HIGHWAY 19 NORTH
 POST OFFICE BOX 1608
 TARPON SPRINGS, FL 34688-1608**

Mailing Address
**43309 US HIGHWAY 19 NORTH
 POST OFFICE BOX 1608
 TARPON SPRINGS, FL 34688-1608**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01212004 Chg-NP CR2E037 (10/03)

4. FEI Number
13-4237277

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

6. Name and Address of Current Registered Agent
**ZSCHAU, JULIUS J
 PENNINGTON MOORE WILKINSON BELL & DUNBAR
 2701 N ROCKY POINT DRIVE SUITE 930
 TAMPA, FL 33607**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDLAND, LEW			NAME			
STREET ADDRESS	43309 US HIGHWAY 19 NORTH			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, DAVID			NAME			
STREET ADDRESS	43309 US HIGHWAY 19 NORTH			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDRIDGE, DANIEL			NAME			
STREET ADDRESS	43309 US HIGHWAY 19 NORTH			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			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 reports 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:  **LEW FRIEDLAND** **2/4/04** **727-942-2591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #