


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000663					
1. Entity Name THE CHAMPIONS' CLUB OWNERS ASSOCIATION, INC.					
Principal Place of Business 43309 US HIGHWAY 19 NORTH POST OFFICE BOX 1608 <i>DELETE</i> TARPON SPRINGS, FL 34688-1608			Mailing Address 43309 US HIGHWAY 19 NORTH <i>DELETE</i> POST OFFICE BOX 1608 TARPON SPRINGS, FL 34688-1608		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 13-4237277	
				Applied For Not Applicable	
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		
FRIEDLAND, LEW 43309 US HWY 19 NORTH TARPON SPRINGS, FL 34689			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 _____ (NOTE: Registered Agent signature required when reinstating)					
U00000614174 02/06/07-80015-006-61.25 DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	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
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete				TITLE
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 exemptions contained 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 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		1-11-07 927-940-2591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	