


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90060 030 \*\*\*\*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 - No P.O. Box #  
**43309 US HIGHWAY 19 N**

3. Mailing Address  
**P. O. BOX 1608**

Suite, Apt. #, etc.

City & State  
**TARPON SPRINGS FL**


City & State  
**TARPON SPRINGS FL**

Zip  
**34689**

Country  
**US**

Zip  
**34688-1608**

Country  
**US**



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**13-4237277**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRIEDLAND, LEW**  
**43309 US HWY 19 NORTH**  
**TARPON SPRINGS, FL 34689**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

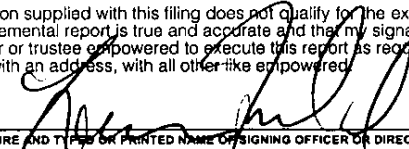
**Filing Fee is \$61.25 Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALDRIDGE, DANIEL 43309 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **4/9/08** **727 942 2591**

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