


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 032 ****61.25

DOCUMENT # N03000008722		
1. Entity Name COUNTRY CLUB AT EAST BAY HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708		Mailing Address 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708
2. Principal Place of Business 1200 Country Club Dr Suite, Apt. #, etc. # 7101 City & State Largo FL Zip 33771	Country USA	3. Mailing Address 4175 E BAY DR c/o CMC Suite, Apt. #, etc. # 205 City & State CLEARWATER FL Zip 33764
Country USA	Country USA	



1st MOORE CR2E037 (10/05)

4. FEI Number 52-2401962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALL, MELINDA 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708	7. Name and Address of New Registered Agent Name HILDEBRANDT, HAL Street Address (P.O. Box Number is Not Acceptable) C/O CMC INC 4175 E BAY DR # 205 City CLEARWATER FL Zip Code 33764
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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 obligation of the registered agent.

SIGNATURE: *Hal Hildebrandt*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, MELINDA 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE ASPINALL 1200 COUNTRY CLUB DR. 4106 LARGO FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, SAM N 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RONALD RENZ 1200 COUNTRY CLUB DR 5301 LARGO FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALL, TERRI 6301 SHORELINE DRIVE ST. PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKI LABIANCA 1200 COUNTRY CLUB DR. 1106 LARGO FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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 Section 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: *Jacqueline Labianca* JACQUELINE LABIANCA 3-25-06 727-585-8566