


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

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90042 022 \*\*\*\*61.25

<b>DOCUMENT # N03000008722</b>					
1. Entity Name COUNTRY CLUB AT EAST BAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1200 CONTRY CLUB DR #7101 LARGO, FL 33771		Mailing Address 4175 W BAY DR., C/O CMC #205 CLEARWATER, FL 33764		<b>50000974</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4175 East Bay Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 205		02042008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 52-2401962	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name of Former Registered Agent	
<del>HILDEBRANDT, HAL                  C/O CMC INC                  4175 E BAY DR., #205                  CLEARWATER, FL 33764</del>				Name BLISS, KIRK	
				Street C/O CMC, INC 4175 East Bay Dr., Ste 205	
				City Clearwater, FL 33764	
				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: <i>Kirk Bliss</i>				DATE: 2/28/08	
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. <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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPINALL, STEVE		NAME		
STREET ADDRESS	1200 COUNTRY CLUB DR., 4106		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZ, RONALD		NAME		
STREET ADDRESS	1200 CONTRY CLUB DR., #5301		STREET ADDRESS	1200 Country Club Dr., #5301	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABLANCA, JACKI		NAME		
STREET ADDRESS	1200 COUNTRY CLUN DR		STREET ADDRESS	1200 Country Club Dr., #1106	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bob Orlopp	
STREET ADDRESS			STREET ADDRESS	1200 Country Club Drive, #2406	
CITY-ST-ZIP			CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wayne Stepina	
STREET ADDRESS			STREET ADDRESS	1200 Country Club Drive, #3103	
CITY-ST-ZIP			CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joseph Palaia	
STREET ADDRESS			STREET ADDRESS	1200 Country Club Drive, #6101	
CITY-ST-ZIP			CITY-ST-ZIP	Largo, FL 33771	
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: <i>Chavie S. D. Orce</i>				Date: (927) 581-7910	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	