

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90296 038 ****61.25



DOCUMENT # N03000008723
 1. Entity Name
COUNTRY CLUB CONDOMINIUM I AT EAST BAY ASSOCIATION, INC.

Principal Place of Business
 6301 SHORLINE DRIVE
 ST. PETERSBURG, FL 33708

Mailing Address
 6301 SHORLINE DRIVE
 ST. PETERSBURG, FL 33708

00043163

2. Principal Place of Business
1200 COUNTRY CLUB DR.
 Suite, Apt. #, etc.

3. Mailing Address **C/O CMC, INC.**
4175 EAST BAY DRIVE
 Suite, Apt. #, etc.
SUITE 205



03232005 Chg-NP CR2E037.(10/03)

City & State
LARGO, FLORIDA

City & State
CLEARWATER, FLORIDA

Zip
33771

Country
USA

Zip
33764

Country
USA

4. FEI Number
52-2401963

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, MELINDA
 6301 SHORLINE DRIVE
 ST. PETERSBURG, FL 33708

7. Name and Address of New Registered Agent

Name
HAL HILDEBRANDT

Street Address (P.O. Box Number is Not Acceptable)
C/O CMC, INC.

4175 EAST BAY DRIVE #205

City
CLEARWATER

FL Zip Code
33764

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 *Hal Hildebrandt* **Hal Hildebrandt** (NOTE: Registered Agent signature required when reinstating) DATE **4/24/05**

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HALL, MELINDA	
STREET ADDRESS	6301 SHORLINE DRIVE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HALL, SAM N	
STREET ADDRESS	6301 SHORLINE DRIVE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HALL, TERRI	
STREET ADDRESS	6301 SHORLINE DRIVE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacki Labianca	
STREET ADDRESS	1200 Country Club Dr., Unit 1106	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Gangialosi	
STREET ADDRESS	1200 Country Club Dr., Unit 1206	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Haggart	
STREET ADDRESS	1200 Country Club Drive, Unit 1302	
CITY-ST-ZIP	Largo, FL 33771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **Jacki LaBianca** *Jacki LaBianca*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 727-798-2196
 Date Daytime Phone #