## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT							FILED Apr 12, 2007 8:00 am Secretary of State				
DOCUMENT # N0300008723  1. Entity Name COUNTRY CLUB CONDOMINIUM I AT EAST BAY ASSOCIATION, INC.							~	04-12-200	90028 02	21 ****61.	25
Principal Place of Business <del>1200 COUNTRY CLUB TR</del> LARGO, FL 33771		Mailing Address 4 <del>135 EAST BAY DRIVE C/O CM</del> S <del>UITE 2</del> 05 <del>GLEARWATER, FL 3376</del> 4			<del>C, IN</del> C						
2. Principal Place of Business - No P.O. Box #  /200 Country Club Dr.  Suite, Apt. #, etc.  7101		3. Mailing Address  4175 € . 13a  Suite, Apt. #, etc.  205			y ORIVE		01252007 Chg-NP CR2E037 (12/06)				
City & State	, , ,	City &	State 3 A WA TE1	/	<u>-L</u>	4.	FEI Numbe 52-240	1963		<del>- + -</del>	plied For t Applicable
Zip 337	Country	Zip	· · · · · · · · · · · · · · · · · · ·		intry () S	5.		of Status Desire	ed 🗆	\$8.75 Add	itional
	6. Name and Address of Current R				Ţ <u> </u>	7.	Name and	Address of No	w Registered		
HILDEBRANDT, HAL C/O CMC INC 4175 E BAY DR #205					Name Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER, FL 33764					City	•			FL	Zip Code	9
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campa Trust Fund Cont					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIR		ECTORS		11.		ITIONS/CH/	ANGES TO OF	FICERS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Del LABIANCA, JACKI 1200 COUNTRY CLUB DR, UNIT 1106 LARGO, FL 33771				!					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CANGIALOSI, JOHN 1200 COUNTRY CLUB DR; UNIT 1206 st				1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>		1.00			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		<b>I</b>					☐ Change	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.

Koin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR