## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N94000002262** 1. Entity Name

**FILED** Feb 08, 2005 8:00 am Secretary of State

02-08-2005 90012 050 \*\*\*\*61.25

	OD COUNTRY CLUB PROI ITION, INC.	PERTY OWNERS							
Principal Place 3780 COAST/ CRAWFORDVI		Mailing Address P.O. BOX 1701 CRAWFORDVILLE, FL	32326 US		E KINGTONIN BITO FATTO	RYNN ROYN NÖRRI MÖT			
2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02032005 C	ng-NP	CR2E03	37 (10/03)	
City & State	9	City & State			4. FEI Number 59-331247	'8		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	atus Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		_	7. Name and Add	iress of New R	legistered /	Agent	
DODGON	DANIDI		Name	)					
	RANDI RY CLUB DR RDVILLE, FL 32327		Street	Address (	P.O. Box Number is	Not Acceptable	e) 		
			City				FL	Zip Coo	ie
	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registered office	or register	red agent, or both, in	the State of Fi		i   familiar with	, and accept
nie obligati	ions or registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and trile if applicable. (NO	TE: Registered Agent sig	nature required	d when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca	TE: Registered Agent sig ampaign Financing Contribution.		\$5.00 May Be Added to Fees		DATE lake check ida Depar		
SIGNATURE	Filing Fee is \$61.25	9. Election Ca Trust Fund	ımpaign Financing	, <sub>□</sub>	\$5.00 May Be	Floi	iake check rida Depar	tment of S	State
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10.  TITLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE  D LEE, MIKE 99 JANE DRIVE CRAWFORDVILLE, FL 32327 D BRYDEBELL, LARRY	9. Election Ca Trust Fund	Impaign Financing Contribution.  11.  ITILE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	s	\$5.00 May Be Added to Fees	Floi	iake check rida Depar	TECTORS II	N 10 Addition
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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: F. ESSER R. ESSER	2-2-05	850-926-2608
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #