

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 049 \*\*\*150.00

**DOCUMENT # 464538**

1. Entity Name

COUNTRY CLUB REALTY, INC.



Principal Place of Business

28100 U.S. HIGHWAY 19 NORTH  
STE 511  
CLEARWATER FL 33761

Mailing Address

28100 U.S. HIGHWAY 19 NORTH  
STE 511  
CLEARWATER FL 33761



2. Principal Place of Business - No P.O. Box #

28200 U.S. Highway 19 N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1461

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

CLEARWATER FL

City & State

DUNEDIN FL

4. FEI Number

59-1560583

Applied For

Not Applicable

Zip

33761

Country

USA

Zip

34697

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESSER, JASON

28100 U.S. HIGHWAY 19 NORTH, SUITE 208  
2434 KENT PLACE, CLEARWATER, AL.34624  
CLEARWATER FL 34621

Name

LESSER, JASON

Street Address (P.O. Box Number is Not Acceptable)

28200 U.S. Highway 19 North

City

Don CLEARWATER

FL

Zip Code

33761

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

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LESSER, JASON  
2434 KENT PLACE  
CLEARWATER FL

☐ Delete

TITLE  
NAME  
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2434 KENT PLACE  
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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 607, 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #