2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 10, 2004 8:00 am **Secretary of State DOCUMENT # 702504** 1. Entity Name 05-10-2004 90470 029 ****61.25 COUNTRY CLUB TERRACE INC Principal Place of Business Mailing Address 77/50040 4836 N.E. 23RD AVENUE 4836 N.E. 23RD AVENUE FT LAUDERDALE FL 33308-4737 FT LAUDERDALE FL 33308-4737 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-0978999 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRICIA CMAYLO, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 4836 N.E. 23 AVE. #11 4836 NE 23 AUC. FT. LAUDERDALE FL 33308 7.LAUdeedsle 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 SIGNATURE WATRICIA A. TOWARD (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE X Delete TITLE D-MICHAELW. CORLETT ☐ Change MICHAEL A. CMAYLO 4836NE 23 ARC # 10 NAME NAME 4836 NE 23 AVE., #8 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CHARUCECUALE, El 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 0-TRES CAMPBELL, JULIA ROSA Extebanell 4836 NE 23 AVE NAME NAME 4836 NE 23 AVE #7 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP pudec dale CITY-ST-ZIP 1VPD TITLE ☐ Delete TITLE ☐ Addition ZADEN, MARK~ NAME NAME 4836 NE 22ND AVE #16 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ASD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOY, GLORIA NAME 4836 NE 23 AVE #9 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TodARO, TOOLARO, AT NAME NAME 4836 NE 23 AVE #24 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 (DREECT NAME) CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition BENSON, ROSALIE NAME NAME 4836 NE 23RD AVE #32 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED