2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# 708390

Entity Name: CLEWISTON COUNTRY CLUB, INC.

Current Principal Place of Business:

SAN LUIS AVENUE
P.O. BOX 1105
CLEWISTON, FL 33440

New Principal Place of Business:

12200 SAN LUIS AVENUE
CLEWISTON, FL 33440

Current Mailing Address:

SAN LUIS AVENUE
P.O. BOX 1105
CLEWISTON, FL 33440

New Mailing Address:

PO BOX 1105
CLEWISTON, FL 33440

FEI Number: 59-1099972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT H. BASS
440 E. HAITI AVE.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BASS, ROBERT H.,	
Address:	440 E HAITI AVENUE	
City-St-Zip:	CLEWISTON, FL	
Title:	D	( ) Delete
Name:	LARSEN, KARL	
Address:	313 E. CRESCENT ST.	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	CASTELLANOS, ROBBIE	
Address:	234 W. CIRCLE DR.	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	VD	( ) Delete
Name:	DAVIS, JAMES A	
Address:	641 E SUGARLAND HWY	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	D	( ) Delete
Name:	PERRY, PATRICIA B	
Address:	707 HOOVER DIKE RD. #703	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BASS PD 04/17/2007
Electronic Signature of Signing Officer or Director — Date