


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

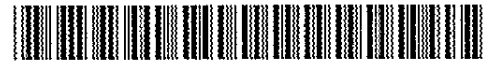
FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 711605
 1. Entity Name
 COUNTRY CLUB ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 700 WATERWAY VENICE, FL 34285	Mailing Address 700 WATERWAY VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1811586	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MERRITT, SALLY
 826 CAREFREE
 VENICE, FL 34285

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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 consulting) DATE

Filing Fee Is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000077630
 03/05/04-80051-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILDEBRAND, MARTY 614 N WATERWAY VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, JANICE 624 N. GREEN CIR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONKLIN, GARY 806 S. WATERWAY VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKS, PEGGY 822 BOGIE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERRITT, SALLY A 826 CAREFREE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERREAULT, ROGER 603 S. WATERWAY VENICE, FL 34285

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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)(f), 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: Sally A. Merritt 3/3/04 941.412.0687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #