

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711605

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** COUNTRY CLUB ESTATES CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

700 WATERWAY  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

700 WATERWAY  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 59-1811586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUTHIER, GAIL  
624 N WATERWAY  
VENICE, FL 34285 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: D ( ) Delete  
Name: SEITZ, RICHARD  
Address: 616 S GREEN CIR  
City-St-Zip: VENICE, FL 34285

Title: DS ( ) Delete  
Name: BUDAY, CAROLYN  
Address: 628 LEISURE  
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete  
Name: CONKLIN, GARY  
Address: 806 S. WATERWAY  
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete  
Name: SMITH, KENNETH  
Address: 730 N WATERWAY  
City-St-Zip: VENICE, FL 34285

Title: DT ( ) Delete  
Name: AUTHIER, GAIL  
Address: 624 N WATERWAY  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HAMILTON, JAMES C  
Address: 705 S GREEN CIR  
City-St-Zip: VENICE, FL 34285

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

Title: DVP1 (X) Change ( ) Addition  
Name: CAREY, ELISE  
Address: 684 N GREEN CIRCLE  
City-St-Zip: VENICE, FL 34285

Title: DVP2 (X) Change ( ) Addition  
Name: ROMANELLI, PEGGY  
Address: 810 S GREEN CIRCLE  
City-St-Zip: VENICE, FL 34285

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL J AUTHIER

TREA

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date