2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State
07-08-2005 90025 044 ****61.25

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1. Entity Name
COUNTRY CLUB TOWNHOUSE ESTATES PROPERTY OWNER ASSOCIATION, INC.

50055356

06292005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
2016 COUNTRYSIDE CR S ORLANDO, FL 32804-6937 US	2016 COUNTRYSIDE CR S ORLANDO, FL 32804-6937 US

2. Principal Place of Business	3. Mailing Address
2044 COUNTRYSIDE CR N Suite, Apt. #, etc.	P.O. Box 540743 Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32804-6937 Country: ORANGE	Zip: 32854-0743 Country: ORANGE

4. FEI Number: 23-7089778 ☐ Applied For ☐ Not Applicable

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
GLICK, NANCY 2016 COUNTRYSIDE CR S ORLANDO, FL 32804	Name: ELLEN BRUMBACK Street Address (P.O. Box Number is Not Acceptable): 2044 COUNTRYSIDE CR. N. City: ORLANDO FL Zip Code: 32804-6937

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: ELLEN BRUMBACK 6-30-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DORMAN, F RAY 2046 COUNTRYSIDE CIRCLE SOUTH ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLEN BRUMBACK 2044 COUNTRYSIDE CR N. ORLANDO FL 32804 6937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, TED 2074 COUNTRYSIDE CIRCLE SOUTH ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DORIS CULP 2015 COUNTRYSIDE CR. S. ORLANDO FL 32804 6937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURLEE, SUSAN 2052 COUNTRYSIDE CIRCLE SOUTH ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HESTER LILY 2057 COUNTRYSIDE CR. S ORLANDO FL 32804 6937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CULP, DORIS 2015 COUNTRYSIDE CIRCLE SOUTH ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANN EIDSON 2029 COUNTRYSIDE CR. N. ORLANDO FL 32804 6937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ann Eidson 6-30-05 (407) 425 7129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #