

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717488

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: COUNTRY CLUB FAIRWAYS, INC.

**Current Principal Place of Business:**

GASPERONI R.E. INC  
2501 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

GASPERONI R.E. INC  
2501 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 23-7155580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHRISTIANSEN, MICHAEL  
MASTRIANA & CHRISTIANSEN, P.A.  
1500 N. FEDERAL HIGHWAY, SUITE 200  
FT LAUDERDALE, FL 33304 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: PDT ( ) Delete  
Name: GASPERONI, SAM  
Address: 2501 E COMMERCIAL BLVD., #200  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD ( ) Delete  
Name: GASPERONI, MARILYN  
Address: 2501 E COMMERCIAL BLVD., #200  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: POWERS, WILLIAM P  
Address: 4608 POINCIANA ST  
City-St-Zip: FORT LAUDERDALE, FL 33308

**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:

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: SAM GASPERONI

PDT

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date