2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 717566

Entity Name: CLEARWATER LAKE COUNTRY CLUB, INC.

Current Principal Place of Business:

397 CLEARWATER LAKE DR.
POLK CITY, FL 33868 US

New Principal Place of Business:

Current Mailing Address:

397 CLEARWATER LAKE DR.
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 71-7566632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROWELL, CECILIA
420 CLEARWATER LAKE DRIVE
POLK CITY, FL 33868 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:	P	( ) Delete
Name:	MARSEY, MILDRED L	
Address:	397 CLEARWATER LAKE DRIVE	
City-St-Zip:	POLK CITY, FL 33868	
Title:	S	( ) Delete
Name:	MARSH, MAXINE	
Address:	362 CLEARWATER AVE.	
City-St-Zip:	POLK CITY, FL 33868	
Title:	VP	( ) Delete
Name:	CROWELL, ARLO	
Address:	420 CLEARWATER LAKE DRIVE	
City-St-Zip:	POLK CITY, FL 33868	
Title:	D	( ) Delete
Name:	TOUZEAU, LARRY	
Address:	520 CLEARWATER LAKE DR.	
City-St-Zip:	POLK CITY, FL 33868	
Title:	T	( ) Delete
Name:	CROWELL, CECILIA	
Address:	420 CLEARWATER LAKE DRIVE	
City-St-Zip:	POLK CITY, FL 33868	
Title:	D	( ) Delete
Name:	WILLIAMSON, RICHARD	
Address:	428 CLEARWATER LAKE DR.	
City-St-Zip:	POLK CITY, FL 33868	

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:	
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: MILDRED L. MARSEY PRES 06/24/2009
Electronic Signature of Signing Officer or Director — Date