


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 025 ****61.25

DOCUMENT # 717609 1. Entity Name COUNTRY CLUB ESTATE CIVIC ASSOCIATION, INC.					
Principal Place of Business 12707 COLLEGE HILL DRIVE HUDSON FL 34667-1821 US			Mailing Address 12707 COLLEGE HILL DRIVE HUDSON FL 34667-1821 US		
2. Principal Place of Business 12707 College Hill Dr Suite, Apt. #, etc.		3. Mailing Address 12707 College Hill Dr. Suite, Apt. #, etc.			
City & State Hudson, FL 34667-1821		City & State Hudson, FL 34667-1821		4. FEI Number 59-2929197	
Zip 34667		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYSTED, SANDY 7405 COUNTRY CLUB DR. HUDSON FL 34667				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RYSTED, SANDY 7405 COUNTRY CLUB DR. HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, HOWARD 7408 PRINCETON DR. HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPRANG, DOVIE F 7410 PRINCETON DR. HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGIUS, GLORIA 12905 COLLEGE HILL DR. HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASKOWSKI, MARY 7212 UNIVERSITY DR HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chambers, Sharon 12611 College Hill Dr. Hudson, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRUEGER, EARLE 7406 PRINCETON DR. HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chambers, Ronald 12611 College Hill Dr. Hudson, FL 34667	
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: <i>Sandra K. Rysted</i> 1/25/2005 727-868-9087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					