

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90059 014 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2929197	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZNANIECKI, CYNDY 12711 CAPITAL DR HUDSON, FL 34667 DELETE				Name <u>JOSEPH, JOHN P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12707 SOCIAL DR</u> City <u>BAYCART POINT</u> FL Zip Code <u>34667</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>06 JAN 2008</u>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOSEPH, JOHN		NAME		
STREET ADDRESS	12711 CAPITOL DR		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NEVICCE, ANITA		NAME		
STREET ADDRESS	7408 PRINCETON DR.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOSEPH, MARY E		NAME		
STREET ADDRESS	12707 SOCIAL DR.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BILOTTO, RAENE		NAME		
STREET ADDRESS	12613 SOCIAL DR.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	BC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARZINI, TIERES A		NAME		
STREET ADDRESS	CAPITOL DR.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	GRIFFIN, DANIELLE		NAME		
STREET ADDRESS	12708 SOCIAL DR		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
			BOARD MEMBER		
			GORDON, KIMBA		
			7301 PRINCETON DR		
			BAYCART POINT, FL 34667		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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: <u>[Signature]</u> DATE <u>06 JAN 2008</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					