

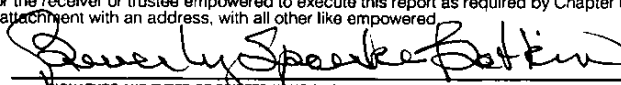


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90051 025 ****61.25

DOCUMENT # 718753 1. Entity Name COUNTRY CLUB GARDENS CONDOMINIUM, INC.					
Principal Place of Business C/O MGMT PROFESSIONAL 530 CONSTRUCTION LAND, #1 LEHIGH ACRES, FL 33936 US			Mailing Address P.O. BOX 1058 LEHIGH ACRES, FL 33970 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40041207</div>  <div style="margin-top: 10px;"> 01092008 Chg-NP CR2E037 (12/06) </div>	
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-1313707		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.				6. Name and Address of Current Registered Agent DEBOEST, RICHARD D II DEBOEST, KNUDSON, STOCKMAN 1415 HENDRY ST. FORT MYERS, FL 33901	
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>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D CUTRIGHT, CYNTHIA 398 LEIGHTON CT. LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dalley, Patricia 388 Leighton Court Lehigh Acres, FL 33972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, GEORGE 338 SUFFOLK CT. LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bage, Earl 368 Garland Court Lehigh Acres, FL 33972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPOERKE- BOTKIN, BEVERLY 307 N. MAPLE AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spoerke-Botkin, Beverly 307 Maple Avenue N Lehigh Acres, FL 33972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNELL, JEAN 346 EASTON COURT LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Coleman, Gloria 356 Easton Court Lehigh Acres, FL 33972		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, MARILYN 342 EASTON COURT LEHIGH ACRES, FL 33972 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:  3-1-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					