


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-11-2008 90034 042 ****61.25

| | | | | | |
|--|---|---|---|---|---|
| DOCUMENT # 719415 1. Entity Name COUNTRY CLUB APARTMENTS CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 649 S TAMAMI TL. VENICE, FL 34285 | | | Mailing Address 1495 S. TAMAMI TL. PMB 173 VENICE, FL 34293 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 4195 S. TAMAMI TL. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. PMB # 173 | | | |
| City & State | | City & State VENICE, FL | | | |
| Zip | Country | Zip 34293 | Country USA | 4. FEI Number 59-1362598 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANZARES GROUP, INC. 4195 S TAMAMI TL., PMB 173 VENICE, FL 34293 | | | 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 AMADO, VARODA 649 S. TAMAMI TL. #114 VENICE, FL 34285 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SIO - VARODA, AMADO 649 S. TAMAMI TL. #114 VENICE, FL 34285 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LONG, MERRITT 6495 S TAMAMI TL 112 VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PID FAHED, Jim 713 GRASSY OAKS DR. VENICE, FL 34285 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SMITH, SANDRA 649 S TAMAMI TR 202 VENICE, FL 34285 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TID SMITH, SANDRA 649 S. TAMAMI TL. #202 VENICE, FL 34285 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MCCLUSKY, VICKI 649 S TAMAMI TL 110 VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPID LONG, ESCO 649 S. TAMAMI TL. #207 VENICE, FL 34285 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADELMAN, LAURIE 649 S TAMAMI TL 308 VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VEROERAMO, JO ANNE 649 S. TAMAMI TL. #203 VENICE, FL 34285 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: <u>Sandra L. Smith</u> SANDRA L. SMITH 04.08.08 941-484-7400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |