

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719415

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** COUNTRY CLUB APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

649 S. TAMIAMI TRAIL  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

4195 S. TAMIAMI TRAIL  
PMB #173  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 59-1362598      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTARES GROUP, INC.  
4195 S. TAMIAMI TRAIL, PMB 173  
VENICE, FL 34293 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: PD  
Name: VARONA, AMADO  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: VPD  
Name: RYDER, BETTY  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: TD  
Name: DREYFUSS, ALLEN  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: SD  
Name: BROWN, HELEN  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: LONG, MERRITT  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA A. KRUMENAKER

MGR

02/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date