
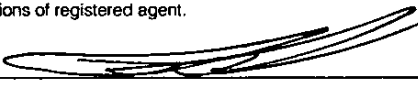



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 043 \*\*\*\*61.25

<b>DOCUMENT # 728254</b> 1. Entity Name <b>COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NAPLES, INC.</b>					
Principal Place of Business <b>C/O INTEGRATED PROP. MGT. 3435 10TH STREET, NORTH, SUITE 201 NAPLES, FL 33940 US</b>			Mailing Address <b>C/O INTEGRATED PROP. MGT. 3435 10TH STREET, NORTH, #201 NAPLES, FL 33940 US</b>		
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 <b>59-1529413</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MELLON, JACK D. CPA 844 ANCHOR ROD DRIVE NAPLES, FL 33940</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Samouce, Robert C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5405 Park Central Court</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34109</b>		
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  DATE <b>3/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>GUZINSKI, JOHN</b> <b>5499 RATTLESNAKE HAMMOK RD A108</b> <b>NAPLES, FL 34113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CULBERTSON, JIM</b> <b>5419 RATTLESNAKE HAMMOCK RD</b> <b>NAPLES, FL 34113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VASIL, DONALD</b> <b>5435 RATTLESNAKE HAMMOCK, #E204</b> <b>NAPLES, FL 34113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rettig, Joe</b> <b>5483 Rattlesnake Hammock #B306</b> <b>Naples, FL 34113</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WERNICK, ELLEN</b> <b>5451 RATTLESNAKE HAMMOCK, #D301</b> <b>NAPLES, FL 34113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HABIG, VEORA</b> <b>5483 RATTLESNAKE HMK RD #B-206</b> <b>NAPLES, FL</b>		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.					
<b>SIGNATURE:</b> 			<b>4-5-07</b> <b>239-775-3514</b> <small>Date Daytime Phone #</small>		