

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728254

FILED
Jan 29, 2009
Secretary of State

Entity Name: COUNTRY CLUB MANOR CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

5467 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROP. MGT.
3435 10TH STREET, NORTH, #201
NAPLES, FL 33940 US

New Mailing Address:

FEI Number: 59-1529413 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C
5405 PARK CENTRAL CT
NAPLES, FL 34109 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: DVP () Delete
Name: GUZINSKI, JOHN
Address: 5499 RATTLESNAKE HAMMOCK RD A108
City-St-Zip: NAPLES, FL 34113

Title: PD () Delete
Name: CULBERTSON, JIM
Address: 5419 RATTLESNAKE HAMMOCK RD
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: RETTIG, JOE
Address: 5483 RATTLESNAKE HAMMOCK #8306
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: WERNICK, ELLEN
Address: 5451 RATTLESNAKE HAMMOCK, #D301
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: HABIG, VEORA
Address: 5483 RATTLESNAKE HMK RD #B-206
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM CULBERTSON

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date