

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90078 046 ****61.25

DOCUMENT # 728881 1. Entity Name COUNTRY CLUB POINTE PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 3025 GOLFVIEW DR VERO BEACH, FL 32960 US			Mailing Address 3025 GOLFVIEW DR VERO BEACH, FL 32960 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2244916	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TERRY, PRESCOTT L 3025 GOLFVIEW DR VERO BEACH, FL 32960				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 restoring)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD WOOD, NANCY <input checked="" type="checkbox"/> Delete 3007 CALCUTTA DRIVE VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPPEE, CHARLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3019 GOLFVIEW DRIVE VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRETSCH, KAREN <input type="checkbox"/> Delete 610 GOLFVIEW DR VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JACK <input type="checkbox"/> Delete 3030 PAR DRIVE VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERRY, PRESCOTT L <input type="checkbox"/> Delete 3025 GOLFVIEW DR VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELLY, BRIAN <input type="checkbox"/> Delete 3000 PAR DRIVE VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACINTYRE, HEATHER <input type="checkbox"/> Delete 3013 NASSAU DRIVE VERO BEACH, FL 32960		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 exemption stated in Section 119.07(3)(i), 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 or without other like empowered.					
SIGNATURE: <u>PRESCOTT L. TERRY, T</u> 4-15-04 772-584-6991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					