


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90153 025 ****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. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2244916			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPPEE, CHARLES <input checked="" type="checkbox"/> Delete 3019 GOLFVIEW DRIVE VERO BEACH, FL 32960				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRETSCH, KAREN <input checked="" type="checkbox"/> Delete 610 GOLFVIEW DR VERO BEACH, FL 32960				
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	TD TERRY, PRESCOTT L <input type="checkbox"/> Delete 3025 GOLFVIEW DR VERO BEACH, FL 32960				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNELLY, BRIAN <input type="checkbox"/> Delete 3000 PAR DRIVE VERO BEACH, FL 32960				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACINTYRE, HEATHER <input type="checkbox"/> Delete 3013 NASSAU DRIVE VERO BEACH, FL 32960				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR/SECRETARY ANNJILL MILLER 3012 NASSAU DRIVE VERO BEACH, FL 32960					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

4-5-05-772-564-6991