

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90343 048 \*\*\*\*61.25

<b>DOCUMENT # 728881</b> 1. Entity Name <b>COUNTRY CLUB POINTE PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>3025 GOLFVIEW DR VERO BEACH, FL 32960 US</b>			Mailing Address <b>3025 GOLFVIEW DR VERO BEACH, FL 32960 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TERRY, PRESCOTT L 3025 GOLFVIEW DR VERO BEACH, FL 32960</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ANN J		NAME		
STREET ADDRESS	3012 NASSAU DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRETSCH, KAREN		NAME	SECHEN, MICHELLE	
STREET ADDRESS	610 GOLFVIEW DR		STREET ADDRESS	3020 PAR DR.	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, JACK		NAME	HAUSER, MICHAEL	
STREET ADDRESS	3030 PAR DRIVE		STREET ADDRESS	3043 GOLFVIEW DR.	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	TD <input type="checkbox"/> Delete		TITLE		
NAME	TERRY, PRESCOTT L		NAME		
STREET ADDRESS	3025 GOLFVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELLY, BRIAN		NAME		
STREET ADDRESS	3000 PAR DRIVE		STREET ADDRESS	3010 NASSAU DR.	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACINTYRE, HEATHER		NAME		
STREET ADDRESS	3013 NASSAU DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
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>PRESCOTT L. TERRY</b> 4-19-06 772-564-6991		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

60028803



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2244916** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**