

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90006 027 ****61.25

DOCUMENT # 743861

1. Entity Name
COUNTRY CLUB VILLAS ASSOCIATION, INC.



Principal Place of Business
**3818 CATALINA DRIVE
SEBRING, FL 33872**

Mailing Address
**3818 CATALINA DRIVE
SEBRING, FL 33872**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2030620

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, ELVARETTA
3818 CATALINA DRIVE
SEBRING, FL 33872**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	VPD MACEY, ROBERT 3733 PERUGIA AVE SEBRING, FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CZUBAK, MARY 3736 PERUGIA AVE SEBRING, FL 33872	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANAUKEN-HAIGHT, CAROL 3821 PERUGIA AVE SEBRING, FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOMBS, DON 3717 PERUGIA AVE SEBRING, FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMPLECOSKI, BRONIS 3827 PERUGIA AVE SEBRING, FL 33872	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, ELVARETTA 3818 PERUGIA AVE SEBRING, FL 33872	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, ELVARETTA 3818 CATALINA DRIVE SEBRING, FL 33872	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNIDER, LEO 3714 CATALINA DRIVE SEBRING, FL 33872	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CZUBAK, MARY 3736 CATALINA DRIVE SEBRING, FL 33872	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLEN, WILLIAM 4827 CADAGUA AVENUE SEBRING, FL 33872	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE:

Mary Czubak

MARY CZUBAK, PRESIDENT 863-386-9254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #