2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748776

FILED Jan 26, 2006 Secretary of State

Entity Name: COUNTRY CLUB VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1600 LENOX COURT NE PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** 1600 LENOX COURT NE PALM BAY, FL 32905 FEI Number: 59-2348602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JARVI, BRADLEY R 1608 SUNNY BROOK LANE NE E107 PALM BAY, FL 32905 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CHAPDELAINE, NORMAN TOLLIVER, BARBARA Name: Name: 1505 DAWES RD. NE Address: 1678 DAWES RD. NE Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 Title: VPD Title: () Delete () Change () Addition VOLZ, DAVID Name: Name: Address: 1603 AVERY ROAD NE Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition NEELY, KAREN NEELY, KAREN Name: Name: Address: 1683 AVERY RD. NE Address: 1683 AVERY RD. NE City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 Title: PD () Delete Title: SD (X) Change () Addition LUEBKER, JUERGEN Name: Name: WATTS, CHIQUITA 1580 WALDORF CIR. NE 1691 DAWES ROAD NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905 Title: () Delete Title: () Change () Addition BARNARD, THOMAS Name: Name: 1545 WALDORF CIRCLE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN NEELY PD 01/26/2006