## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748776**

FILED Jan 18, 2007 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete TOLLIVER, BARBARA LUEBKER, JUERGEN Name: Name: 1678 DAWES RD. NE Address: 1580 WALDORF CIRCLE NE Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905

(X) Change ( ) Addition Title: VPD Title: ( ) Delete VOLZ, DAVID Name: BARNARD, THOMAS Name:

Address: 1603 AVERY ROAD NE Address: 1545 WALDORF CIRCLE NE City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905

Title: PD() Delete Title: VPD (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: SD () Delete Title: () Change () Addition

Name: WATTS, CHIQUITA Name: 1691 DAWES ROAD NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

BARNARD, THOMAS MILLER, MARGE Name: Name: 1545 WALDORF CIRCLE 1619 AVERY ROAD Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: PALM BAY, FL 32905

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: JUERGEN LUEBKER PD 01/18/2007