

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-16-2006 90103 038 ****70.00

DOCUMENT # 752561 1. Entity Name THE COUNTRY CLUB OF CORAL SPRINGS, INC.					
Principal Place of Business 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US			Mailing Address 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66021049 	
City & State		City & State		4. FEI Number 59-2045474	
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-LISA GOODWIN, RITA 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name GOODWIN, RITA Street Address (P.O. Box Number is Not Acceptable) 10800 W. SAMPLE RD CORAL SPRINGS, City FL Zip Code 33065	
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 <u><i>Rita Goodwin</i></u> DATE <u>5/1/06</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARNOLD, JOHN S 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARBATO, LEONARD 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DALE, WALLACE 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARRETT, SCOTT 10800 W. SAMPLE RD. CORAL SPRINGS, FL 33065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: <u><i>[Signature]</i></u> 6/26/06 954 752-4500 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					