


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90068 048 \*\*\*\*61.25

<b>DOCUMENT # 752679</b> 1. Entity Name COUNTRY CLUB VILLAS II ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 7543 SEBRING, FL 33872			Mailing Address POST OFFICE BOX 7543 SEBRING, FL 33872		
2. Principal Place of Business - No P.O. Box # 3831 SARRIA AVE.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEBRING, FL		City & State			
Zip 33872		Country USA		Zip	
Country		4. FEI Number 59-2122430			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MILUM, MARILYN 3831 SARRIA AVENUE SEBRING, FL 33872			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</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</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BLANKENSHIP, SHARON 1122 HORTON RD HOLLY, MI 48442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GATTO, NICHOLAS 3772 PERUGIA AVE SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOULEN, STEVEN 3709 SARRIA AVE SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUNCAN, HOWARD 67 WILMET TR NEWCASTLE ONTARIO, CA 118188	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JEFFERSON, MARGARET 3816 PERUGIA AVE. SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KELLY, BERNARD 116 CARRIAGE ST PITTSBURGH, PA 15237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURDEAU, DOROTHY 168 BENNETT ST EAST GODERICH ONTARIO, CA n7a4h4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOURDEAU, DOROTHY 166 BENNETT ST GODERICH, ONTARIO, CA N7A4H4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dorothy J. Bourdeau</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> President DOROTHY J. BOURDEAU			4-6-07 <small>Date</small>		519-529-7029 <small>Daytime Phone #</small>