

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752679

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** COUNTRY CLUB VILLAS II ASSOCIATION, INC.

**Current Principal Place of Business:**

3800 PERUGIA AVE  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 7543  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 59-2122430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRYOR, KATHLEEN  
3800 PERUGIA AVE  
SEBRING, FL 33872 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: BLANKENSHIP, SHARON  
Address: 1122 HORTON RD  
City-St-Zip: HOLLY, MI 48442

Title: D ( ) Delete  
Name: MILUM, MARILYN  
Address: 3831 SARRIA AVE  
City-St-Zip: SEBRING, FL 33872

Title: DV ( ) Delete  
Name: DUNCAN, HOWARD  
Address: 67 WILMET TR  
City-St-Zip: NEWCASTLE ONTARIO, CA L1B1B8

Title: DS ( ) Delete  
Name: KELLY, BERNARD  
Address: 116 CARRIAGE ST  
City-St-Zip: PITTSBURGH, PA 15237

Title: DP ( ) Delete  
Name: BOURDEAU, DOROTHY  
Address: 166 BENNETT ST  
City-St-Zip: GODERICH ONTARIO, CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PRYOR, KATHLEEN  
Address: 3800 PERUGIA AVE  
City-St-Zip: SEBRING, FL 33872

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN PRYOR

D

03/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date