

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 044 ****61.25

DOCUMENT # 762077

1. Entity Name
COUNTRY CLUB PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4515 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904 US

Mailing Address
P O BOX 100831
CAPE CORAL, FL 33910 US

40040000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2345564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.
8270 COLLEGE PKWY #103
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado blvd. #500

City Cape Coral

FL

Zip Code 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 TD
NAME CALIFANO, VINCENT ☐ Delete
STREET ADDRESS 4525 COUNTRY CLUB BLVD 108
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME SARTER, MAUREEN ☐ Delete
STREET ADDRESS 4515 COUNTRY CLUB BLVD #105
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SD
NAME WRIGHT, MARGIE ☐ Delete
STREET ADDRESS 4515 COUNTRY CLUB BLVD #205
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VPD
NAME LEWIS, JANE ☒ Delete
STREET ADDRESS 4515 COUNTRY CLUB BLVD #103
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD
NAME HOLTSCHULTE, JAMES D ☐ Delete
STREET ADDRESS 3605 SW 6TH PL
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Jeanne Krueger
STREET ADDRESS 4525 Country Club blvd. #209
CITY-ST-ZIP Cape Coral, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

Daytime Phone #