


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90015 034 ****61.25

DOCUMENT # 762837					
1. Entity Name COUNTRY CLUB VILLAS OF RIO PINAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1401 S.CHICKASAW TR. ORLANDO FL 32825		Mailing Address 1401 S.CHICKASAW TR. ORLANDO FL 32825			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2176870	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRBY, SUSAN CC VILLAS CONDO ASSOCIATION 1401 S CHICKASAW TRAIL ORLANDO FL 32825			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRBY, SUSAN		NAME		
STREET ADDRESS	1425 S CHICKASAW TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, BOB		NAME	BOB MOORE	
STREET ADDRESS	1439 S CHICKASAW TRAIL		STREET ADDRESS	1439 S. CHICKASAW TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUHNKE, WALTER		NAME		
STREET ADDRESS	1417 S. CHICKASAW TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LES SLEIGHT	
STREET ADDRESS			STREET ADDRESS	1409 S. CHICKASAW TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JIM THOMAS	
STREET ADDRESS			STREET ADDRESS	1447 S. CHICKASAW TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MARCO FRANCO	
STREET ADDRESS			STREET ADDRESS	1421 S. CHICKASAW TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL. 32825	



1st MOORE CR2E037 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan Kirby **SUSAN KIRBY** 3/22/05 (407) 275-6512

Signature and typed or printed name of signing officer or director Date Daytime Phone #