

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90069 006 ****61.25



DOCUMENT # 762837
1. Entity Name
COUNTRY CLUB VILLAS OF RIO PINAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1401 S.CHICKASAW TR. 1401 S.CHICKASAW TR.
ORLANDO FL 32825 ORLANDO FL 32825

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



1st MOORE CR2E037 (10/06)

4. FEI Number Applied For
59-2176870 Not Applicable

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

6. Name and Address of Current Registered Agent
KIRBY, SUSAN
CC VILLAS CONDO ASSOCIATION
1401 S CHICKASAW TRAIL
ORLANDO FL 32825

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 restricted when reinstating) _____ DATE _____

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD KIRBY, SUSAN 1425 S CHICKASAW TRAIL ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TREASURER (T/D) KIRBY, SUSAN 1425 S. CHICKASAW TRAIL ORLANDO, FL. 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T BRUHNKE, WALTER 1417 S. CHICKASAW TRAIL ORLANDO FL 32825 <input checked="" 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	S SLEIGHT, LES 1409 S CHICKASAW TRAIL ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY (S/D) LES SLEIGHT 1409 S. CHICKASAW TRAIL ORLANDO, FL. 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D THOMAS, JIM 1447 S CHICKASAW TRAIL ORLANDO FL 32825 <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	T FRANCO, MARCO 1421 S CHICKASAW TRAIL ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT (V/D) FRANCO, MARCO 1421 S. CHICKASAW TRAIL ORLANDO, FL. 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT (P/D) DOUG GIFFIN 1435 S. CHICKASAW TRAIL ORLANDO, FL. 32825 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Susan Kirby* SUSAN KIRBY TREASURER 2/21/07 (402) 825-6512