2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2006 8:00 am **Secretary of State DOCUMENT # 766908** 1. Entity Name 03-21-2006 90049 004 ****61.25 COUNTRY CLUB VILLAS OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1830 TURNBERRY TERRACE 1830 TURNBERRY TERRACE ORLANDO FL 33804 ORLANDO FL 33804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2277921 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COATS, JOE R 1831 TURNBERRY TERRACE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete ☐ Change ☐ Addition YEAGER, MAURICE R NAME NAME 1425 GLEN EAGLES EAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CfTY-ST-7iP CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change Addition COATS, JOE NAME NAME **1831 TURNBERRY TERRACE** STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete ☐ Change ☐ Addition NAME JONES, MARTHA NAME STREET ADDRESS 1768 TURNBERRY TERRACE STREET ADDRESS ORLANDO FL 32804 CITY - ST- ZIP CITY-ST-7/P VD ☐ Delete ☐ Change TITLE TITLE ■ Addition WEBER, JACK NAME STREET ADDRESS 1806 TURNBERRY TERRACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

-0ATS

3-10-06

FILED

Change

Addition