2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 770560

Entity Name: COUNTRY CLUB HARBOUR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3208 COUNTRY CLUB DR
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 255
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-2498853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, PATTI
3208 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444 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:	TD	( ) Delete
Name:	SLAUGH, LINDA	
Address:	3232 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	PD	( ) Delete
Name:	EDMONSON, PAUL	
Address:	3226 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	VD	( ) Delete
Name:	KNOLL, TOM	
Address:	1602 COUNTRY CLUB DR.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	SD	( ) Delete
Name:	MOORMANN, MARTHA	
Address:	1511 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	SHUMAKER, ROBERT	
Address:	3112 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	RUDDICK, MIGNHON	
Address:	3309 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	KNOLL, TOM	
Address:	1602 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	VD	(X) Change ( ) Addition
Name:	HALL, RICHARD	
Address:	1314 COUNTRY CLUB DR.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	SD	(X) Change ( ) Addition
Name:	RIERA, JUDITH	
Address:	2814 COUNTRY CLUB DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
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: TOM KNOLL PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date