2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J08654

1. Entity Name
COUNTRY CLUB PLAZA OF LAKE CITY, INC.

Principal Place of Business	Mailing Address
BAYA AVENUE LAKE CITY, FL 32025 US	PO BOX 1983 LADY LAKE, FL 32158 US

01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677790
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELFRIEDE, PEARSON-HUSTON
1461 HIGHLAND PLACE
THE VILLAGES, FL 32162

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MATTHEWS, TOMMY
STREET ADDRESS	P.O. BOX 740602
CITY-ST-ZIP	ORANGE CITY, FL 32774
TITLE	DS
NAME	PEARSON-HUSTON, ELFRIEDE
STREET ADDRESS	1461 HIGHLAND PLACE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	D
NAME	MATTHEWS, SHIRLEY
STREET ADDRESS	P.O. BOX 740602
CITY-ST-ZIP	ORANGE CITY, FL 32774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80051-021 150.00

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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 607, 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: Elfriede P. Huston ELFRIEDE P. HUSTON DS 1-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

352-750 1975