

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # J08654	
1. Entity Name COUNTRY CLUB PLAZA OF LAKE CITY, INC.	
Principal Place of Business BAYA AVENUE LAKE CITY, FL 32025 US	Mailing Address PO BOX 1983 LADY LAKE, FL 32158 US



01042008 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELFRIEDE, PEARSON-HUSTON 1461 HIGHLAND PLACE THE VILLAGES, FL 32162	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MATTHEWS, TOMMY 1806 SW SANTA FE DR FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PEARSON-HUSTON, ELFRIEDE 1461 HIGHLAND PLACE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, SHIRLEY 1806 SW SANTA FE DR FORT WHITE, FL 32038
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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01/11/08-80021-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 1-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-750-1975