

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08654

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** COUNTRY CLUB PLAZA OF LAKE CITY, INC.

**Current Principal Place of Business:**

BAYA AVENUE  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1983  
LADY LAKE, FL 32158 US

**New Mailing Address:**

**FEI Number:** 59-2677790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MATTHEWS, TOMMY  
Address: 1806 SW SANTA FE DR  
City-St-Zip: FORT WHITE, FL 32038

Title: DS ( ) Delete  
Name: PEARSON-HUSTON, ELFRIEDE  
Address: 1461 HIGHLAND PLACE  
City-St-Zip: THE VILLAGES, FL 32162 US

Title: D ( ) Delete  
Name: MATTHEWS, SHIRLEY  
Address: 1806 SW SANTA FE DR  
City-St-Zip: FORT WHITE, FL 32038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** TOMMY MATTHEWS

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date