

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002699

FILED
Feb 19, 2008
Secretary of State

Entity Name: CLEARWATER COUNTRY CLUB MANAGEMENT, INC.

Current Principal Place of Business:

525 NORTH BETTY LANE
CLEARWATER, FL 33756

New Principal Place of Business:

525 NORTH BETTY LANE
CLEARWATER, FL 33755

Current Mailing Address:

525 NORTH BETTY LANE
CLEARWATER, FL 33756

New Mailing Address:

525 NORTH BETTY LANE
CLEARWATER, FL 33755

FEI Number: 59-3697958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, ROBERT
1290 GOLF BLVD #1705
CLEARWATER, FL 33767 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: BAILEY, JOHN C
Address: 1647 ST. PAULS DR.
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: COFFEY, ROBERT
Address: 1290 GULF BLVD, # 1704
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: DIGESARE, RICHARD MRS
Address: 500 N BETTY LANE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: STAATS, WALTER
Address: 2419 GULF TO BAY LOT 817
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: SMITH, RAYMOND
Address: 13300 INDIAN ROCKS RD #1103
City-St-Zip: LARGO, FL 33774

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D () Change (X) Addition
Name: IMFELD, JAMES C
Address: 3221 HIBISCUS DRIVE EAST
City-St-Zip: BELLEAIR BEACH, FL 33786

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: ROBERT COFFEY

PRES

02/19/2008

Electronic Signature of Signing Officer or Director

Date