

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90075 004 ****61.25

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1. Entity Name
**COUNTRY CLUB POINT CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931**

Mailing Address
**1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931**



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3698399

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LYNG, LAWRENCE J ZOGARIC, THOMAS J
1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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

T. J. Zogaric
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/6/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
LYNG, LAWRENCE J ZOGARIC THOMAS J
1835 MINUTEMEN CSY 204
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
SHEEHAN, DAN
1835 MINUTEMEN CSWY 103
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
ZOGARIC, THOMAS
1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ZWICKER, STEVE
1835 MINUTEMEN CSWY 301
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 617, 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:

T. J. Zogaric
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/08
Date

784 5963
Daytime Phone #