2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N01000000708

Entity Name: COUNTRY CLUB POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3698399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZOGARIC, THOMAS J
1835 MINUTEMAN CSWY
COCOA BEACH, FL 32931 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:	DS	( ) Delete
Name:	ZOGARIC, THOMAS J	
Address:	1835 MINUTEMEN CSY 204	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	DV	( ) Delete
Name:	SHEEHAN, DAN	
Address:	1835 MINUTEMEN CSWY 103	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	DPT	( ) Delete
Name:	ZOGARIC, THOMAS	
Address:	1835 MINUTEMAN CSWY	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	P	( ) Delete
Name:	ZWICKER, STEVE	
Address:	1835 MINUTEMEN CSWY 301	
City-St-Zip:	COCOA BEACH, FL 32931	

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:	

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: THOMAS ZOGARIC DPT 01/10/2009

Electronic Signature of Signing Officer or Director — Date