

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001731

FILED
Mar 20, 2009
Secretary of State

Entity Name: CLUBHOUSE ESTATES OF DR. PHILLIPS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7115 BURNWAY DRIVE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690126
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-3713648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTRAN, MARIO
7115 BURNWAY DRIVE
ORLANDO, FL 32819 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: PRES () Delete
Name: MCGARIGAL, PAUL
Address: 5333 GREENSIDE COURT
City-St-Zip: ORLANDO, FL 32819 US

Title: VP () Delete
Name: BROWN, MIKE
Address: 7043 BURNWAY DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: SEC () Delete
Name: MAGUNSON, LINDA
Address: 8416 INDIAN WELLS COURT
City-St-Zip: ORLANDO, FL 32819 US

Title: TRES () Delete
Name: BERTRAN, MARIO
Address: 7115 BURNWAY DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: DIR () Delete
Name: LEAR, KELLY
Address: 7433 WETHERSFIELD DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: DIR () Delete
Name: BEACH, RITA
Address: 8436 BERMUDA DUNES DRIVE
City-St-Zip: ORLANDO, FL 32819

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: () 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: MARIO BERTRAN

TRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date