

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90723 022 ****61.25

DOCUMENT # NO1000003245

1. Entity Name

COUNTRY CLUB VILLAGE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

**4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS FL 33410**

Mailing Address

**4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

PMB 196 1128 Royal Palm Beach Blvd.

3. Mailing Address

PMB 196 1128 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Royal Palm Beach, FL

City & State
Royal Palm Beach, FL

4. FEI Number **65-1106548**

Applied For

Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DARIO, GRY
4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name *Genevieve T. Lambiase*

Sweet Address (P.O. Box Number is Not Acceptable)

*PMB 196
1128 Royal Palm Beach Blvd.*

City *Royal Palm Beach*

FL

Zip Code *33411*

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 *Genevieve T. Lambiase, President*

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DARIO, GARY**
STREET ADDRESS **4227 NORTHLAKE BOULEVARD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SD** ☐ Delete
NAME **SWEET, BETTY**
STREET ADDRESS **4227 NORTHLAKE BOULEVARD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **TD** ☐ Delete
NAME **ARANDA, MICHAEL F**
STREET ADDRESS **4227 NORTHLAKE BOULEVARD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *President* ☒ Change ☐ Addition
NAME *Genevieve T. Lambiase*
STREET ADDRESS *120 Country Club Way*
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

TITLE *Vice President* ☐ Change ☒ Addition
NAME *Steven Jackson*
STREET ADDRESS *113 Country Club Way*
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

TITLE *Secretary* ☒ Change ☐ Addition
NAME *Theresa Zaehring*
STREET ADDRESS *129 Country Club Way*
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

TITLE *Treasurer* ☒ Change ☐ Addition
NAME *Stephen Rogers*
STREET ADDRESS *106 Country Club Way*
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

TITLE *Executive Board Member* ☐ Change ☒ Addition
NAME *John Mercado*
STREET ADDRESS *198 Country Club Way*
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Genevieve T. Lambiase* *4/29/03* (609) 937-4974

CR2E037 (10/02)