

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90252 039 ****61.25

DOCUMENT # N01000006865

1. Entity Name
COUNTRY CLUB PLACE HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business

~~350 PENSACOLA BEACH BLVD, SUITE 7~~
GULF BREEZE, FL 32561

Mailing Address

PO BOX 99
GULF BREEZE, FL 32561

400 Gulf Breeze Pkwy-Suite 208



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3747355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, MARK III
~~350 PENSACOLA BEACH BLVD, SUITE 7~~
GULF BREEZE, FL 32561

400 Gulf Breeze Pkwy-Suite 208

**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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LYONS, MARK III
STREET ADDRESS	350 PENSACOLA BEACH BLVD, SUITE 7
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	VD
NAME	MERRILL, J COLLIER
STREET ADDRESS	350 PENSACOLA BEACH BLVD, SUITE 7
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	STD
NAME	SIMS, CRAIG R
STREET ADDRESS	350 PENSACOLA BEACH BLVD, SUITE 7
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	400 Gulf Breeze Pkwy-Suite 208
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/29/04 8509340440
Date Daytime Phone #