2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90190 008 ****61.25

DOCUMENT # N01000006865 COUNTRY CLUB PLACE HOMEOWNERS ASSOCIATION, 40081119 Principal Place of Business Mailing Address 77 BAYBRIDGE COMMERCIAL PARK PO DOX 99 GULF BREEZE: FL 32561-CHIE RREEZE EL 32561 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1534 WHITE CAPS 1534 WHITE Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 59-3747355 ENSALOL PENSACOLA, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IP KINGR LYONS: MARK III Street Address (P.O. Box Number is Not Acceptable) 77 BAYBRIDGE COMMERCIAL PARK OULF BREEZE, FL 32561 City PENSACOLA Zip Code 32507 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE 🗾 Delete TITLE * Addition LYONS, MARK III NAME NAME PHILIP KINGRY STREET ADDRESS 77 BAYBRIDGE COMMERCIAL PARK STREET ADDRESS 1525 WHITE CAPS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP PENSACOLA.FL 32507 ☐ Change Addition TITLE Delete MERRILL J COLLIER SUSAN DAVIES NAME NAME 77 BAYBRIDGE COMMERCIAL PARK STREET ADDRESS STREET ADDRESS 1517 WHITE CAPS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP PENSACOLA, FL 32507 STD Addition TITLE ☐ Change Delete TITLE MORRIS HAYES SIMS, CRAIG R NAME 1534 WHITE CAPS STREET ADDRESS 77 BAYBRIDGE COMMERCIAL PARK STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete ___ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: _

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR