2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N01000006865

Entity Name: COUNTRY CLUB PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1534 WHITE CAPS
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1534 WHITE CAPS
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3747355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KINGRY, PHILIP
1525 WHITE CAPS
PENSACOLA, FL 32507 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: PD ( ) Delete
Name: KINGRY, PHILIP
Address: 1525 WHITE CAPS
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete
Name: DAVIES, SUSAN
Address: 1517 WHITE CAPS
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete
Name: HAYES, MORRIS
Address: 1534 WHITE CAPS
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: TD ( ) Change (X) Addition
Name: HAYES, MORRIS
Address: 1534 WHITE CAPS
City-St-Zip: PENSACOLA, FL 32507 US

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: MORRIS HAYES TD 07/07/2008

Electronic Signature of Signing Officer or Director — Date