

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90006 030 ****61.25

DOCUMENT # N01000008097			
1. Entity Name COUNTRY CLUB EAST TOWN HOMES ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 172973 HIALEAH, FL 33017		Mailing Address P.O. BOX 172973 HIALEAH, FL 33017	
2. Principal Place of Business 7001 SW 87 Court Suite, Apt. #, etc.		3. Mailing Address 7001 SW 87 Ct Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33173		Country Dade	
4. FEI Number 65-1152897		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, RAIZA 16922 NW 57 AVENUE MIAMI, FL 33055		7. Name and Address of New Registered Agent Name: Sandra Berrios Street Address (P.O. Box Number is Not Acceptable): Reliable Property Management Services Inc. 7001 SW 87 Ct City: Miami FL Zip Code: 33173	
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: <i>Sandra Berrios</i>		DATE: 3-20-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME PITTMAN, FLOYD STREET ADDRESS P.O. BOX 172973 CITY-ST-ZIP HIALEAH, FL 33017	<input checked="" type="checkbox"/> Delete	TITLE P NAME Linda Bullock STREET ADDRESS 5407 NW 168 Ter CITY-ST-ZIP Miami, FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME VASQUEZ, ANTONIO STREET ADDRESS P.O. BOX 172973 CITY-ST-ZIP HIALEAH, FL 33017	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Gwendolyn Murphy-Cayard STREET ADDRESS 5468 NW 170 Ter CITY-ST-ZIP Miami FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE S NAME Christine Britto STREET ADDRESS 17050 NW 56 Ct CITY-ST-ZIP Miami FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE TR NAME Roy Jeffers STREET ADDRESS 5488 NW 171 Ter CITY-ST-ZIP Miami FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <i>Linda Bullock</i>		DATE: 3-20-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	