

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90051 030 ****61.25

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| DOCUMENT # N01000008346 | | | | | |
| 1. Entity Name COUNTRY CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3109 STIRLING ROAD STE 200 FORT LAUDERDALE, FL 33312 | | | Mailing Address 3109 STIRLING ROAD STE 200 FORT LAUDERDALE, FL 33312 | | |
| 2. Principal Place of Business 4101 N. Hills Drive Suite, Apt. #, etc. | | 3. Mailing Address C/O SPM, LLC 4600 SHERIDAN ST. Suite, Apt. #, etc. SUITE 203 | | | |
| City & State Hollywood, FL | | City & State Hollywood, FL | | 4. FEI Number 03-0427765 | |
| Zip 33021 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOLLANDER, WALTER 3109 STIRLING ROAD SUITE 200 FORT LAUDERDALE, FL 33312 | | | 7. Name and Address of New Registered Agent Name: EPHRAIM SOBOL Street Address (P.O. Box Number is Not Acceptable): 4600 Sheridan St., Suite 203 City: Hollywood, FL Zip Code: 33021 | | |
| 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: Treasurer 4/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOLLANDER, WALTER 3109 STIRLING ROAD #200 FORT LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD HOLLANDER, DAVID 3109 STIRLING ROAD #200 FORT LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P/D Dr. Marshall Stamber 4080 N. 41st St. Hollywood, FL 33021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/D Ephraim Sobol 3991 N. 41st Court Hollywood, FL 33021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/D Sam Rogatinsky 4481 Casper Court Hollywood, FL 33021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S/D Menashe Frank 4100 N. 41st St. Hollywood, FL 33021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: Ephraim Sobol 4/8/05 954-981-1661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |