

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90034 021 \*\*\*\*61.25

|   |  |  |   |                                      |  |
|---|--|--|---|--------------------------------------|--|
| <b>DOCUMENT # N01000008346</b>  |  |  |   |                                      |  |
| <b>1. Entity Name</b><br>COUNTRY CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC.   |  |  |   |                                      |  |
| <b>Principal Place of Business</b><br>4101 N HILLS DR<br>HOLLYWOOD, FL 33021  |  |  | <b>Mailing Address</b><br>4600 SHERIDAN ST<br>STE 203<br>HOLLYWOOD, FL 33021  |                                      |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>4161 Parkview Dr.  |  | <b>3. Mailing Address</b><br>4161 Parkview Dr.   |   |                                      |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |                                      |  |
| <b>City &amp; State</b><br>Hollywood, FL  |  | <b>City &amp; State</b><br>Hollywood, FL <del>33021</del>                                  |   | <b>4. FEI Number</b><br>03-0427765   |  |
| <b>Zip</b><br>33021   |  | <b>Country</b><br>USA  |   | <b>Applied For</b><br>Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   | 04012008 Chg-NP CR2E037 (12/06)      |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SOBOL, EPHRAIM<br>4600 SHERIDAN ST<br>SUITE 203<br>HOLLYWOOD, FL 33021  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: Ephraim Sobol<br>Street Address (P.O. Box Number is Not Acceptable):<br>4161 Parkview Dr.<br>City: Hollywood FL Zip Code: |                                      |  |
| <b>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.</b>  |  |  |   |                                      |  |
| <b>SIGNATURE:</b>   |  | Ephraim Sobol  |   | 4/1/08                               |  |
| (NOTE: Registered Agent signature required when reinstating)  |  | DATE:  |   |                                      |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>STRAUBER, MARSHALL DR<br>4191 PARKVIEW DR<br>HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>SOBOL, EPHRAIM<br>4161 PARKVIEW DR<br>HOLLYWOOD, FL 33021        | <input type="checkbox"/> Delete  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>ROGATINSKY, SAM<br>4481 CASPER CT<br>HOLLYWOOD, FL 33021         | <input type="checkbox"/> Delete  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>MENASHE, FRANK<br>4100 NE 41ST STREET<br>HOLLYWOOD, FL 33021     | <input type="checkbox"/> Delete  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |   |                                      |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |  |   |                                      |  |
| <b>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.</b> |  |  |   |                                      |  |
| <b>SIGNATURE:</b>   |  | Ephraim Sobol  |   |                                      |  |
| (NOTE: Registered Agent signature required when reinstating)  |  | DATE: 4/1/08   |   |                                      |  |
| Daytime Phone #   |  |  |   |                                      |  |