

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006173

FILED  
Mar 09, 2007  
Secretary of State

**Entity Name:** COUNTRY CLUB CONDOMINIUM OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DR  
206  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DR  
206  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 90-0094252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MANAGEMENT CORP  
1044 CASTELLO DR  
206  
NAPLES, FL 34103 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: SD ( ) Delete  
Name: KOUDOVELIS, DARRYL  
Address: 155 TORREY PINES POINT  
City-St-Zip: NAPLES, FL 34113

Title: PD ( ) Delete  
Name: JONES, GARY  
Address: 800 SOUTH GOLF DR #108  
City-St-Zip: NAPLES, FL 34113

Title: VP ( ) Delete  
Name: KARLSON, DONNA  
Address: 800 SOUTH GOLF DR #202  
City-St-Zip: NAPLES, FL 34113

Title: TD (X) Delete  
Name: STISS, JILL  
Address: 800 S. GOLF DRIVE #203  
City-St-Zip: NAPLES,, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: HOLCOMB, RICHARD  
Address: 800 S GOLF DRIVE, #209  
City-St-Zip: NAPLES, FL 34102

Title: TD (X) Change ( ) Addition  
Name: JONES, GARY  
Address: 800 SOUTH GOLF DR #108  
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Change ( ) Addition  
Name: KARLSON, DONNA  
Address: 800 SOUTH GOLF DR #202  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA KARLSON

PD

03/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date