

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90296 035 ****61.25

DOCUMENT # N03000011007 1. Entity Name COUNTRY CLUB CONDOMINIUM II AT EAST BAY ASSOCIATION, INC.					
Principal Place of Business 6301 SHORELINE DR ST PETERSBURG, FL 33708			Mailing Address 6301 SHORELINE DR ST PETERSBURG, FL 33708		
2. Principal Place of Business 1200 COUNTRY CLUB DR Suite, Apt. #, etc.		3. Mailing Address <i>c/o cmc, inc.</i> 4175 EAST BAY DRIVE Suite, Apt. #, etc. SUITE 205			
City & State LARGO, FLORIDA		City & State CLARWATER, FLORIDA		4. FEI Number 59-3773911	
Zip 33771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, MELINDA 6301 SHORELINE DR ST PETERSBURG, FL 33708		7. Name and Address of New Registered Agent Name HAL HILDEBRANDT Street Address (P.O. Box Number is Not Acceptable) c/o cmc, inc 4175 EAST BAY DR, #205 City CLARWATER FL Zip Code 33764			
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>Hal Hildebrandt</i> <i>Hal Hildebrandt</i> 4/20/05 <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, MELINDA 6301 SHORELINE DR ST PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID W. LAMBERT 1200 COUNTRY CLUB DR. # 2102 LARGO FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, SAM N 6301 SHORELINE DR ST PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BARBRA KUZIN 1200 COUNTRY CLUB DR. # 2403 LARGO FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HALL, TERRI 6301 SHORELINE DR ST PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VIRGINIA RIUTTA 1200 COUNTRY CLUB DR. # 2104 LARGO FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <i>David W. Lambert</i> DAVID W. LAMBERT: PRES BLDG II 29 MAR 05 727-587-0858 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					