

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03585

FILED
Mar 04, 2008
Secretary of State

Entity Name: COUNTRY CLUB COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4905 SE HANSON CIRCLE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

4905 SE HANSON CIRCLE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2766088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L.
401 E. OSCEOLA ST.
STUART, FL 34994 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: PD () Delete
Name: GORDON, MARION F PD
Address: 5129 SE HANSON CIRCLE
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: SCHROEDER, FRAN
Address: 5030 SE HANSON CIR.
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: GROAT, LINDA
Address: 4799 SE HANSON CIRCLE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: SLOAN, AL
Address: 4960 SE HANSON CI.
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: GORDON, MARION
Address: 5129 SE HANSON CIRCLE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: CULLINAN, CHRIS
Address: 5020 SE HANSON CIR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARION F GORDON

PD

03/04/2008

Electronic Signature of Signing Officer or Director

Date