2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03585

FILED Feb 07, 2009 Secretary of State

Entity Name: COUNTRY CLUB COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4905 SE HANSON CIRCLE STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 4905 SE HANSON CIRCLE STUART, FL 34997 FEI Number: 59-2766088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNETT, JANE L 401 E. OSĆEOLA ST. STUART, FL 34994 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GORDON, MARION F PD Name: Name: 5129 SE HANSON CIRCLE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition SCHROEDER, FRAN Name: SCHROEDER, FRAN VD Name: Address: 5030 SE HANSON CIR. Address: 5030 SE HANSON CIR. City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition GROAT, LINDA GROAT, LINDA S Name: Name: 4799 SE HANSON CIRCLE 4799 SE HANSON CIRCLE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 () Delete (X) Change () Addition Title: D Title: D SLOAN, AL SLOAN, AL D Name: Name: 4960 SE HANSON CI. 4960 SE HANSON CI. Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition GORDON, MARION GORDON, MARION T Name: Name: 5129 SE HANSON CIRCLE 5129 SE HANSON CIRCLE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition CULLINAN, CHRIS CULLINAN, CHRIS D Name: Name: Address: 5020 SE HANSON CIR. Address: 5020 SE HANSON CIR. STUART, FL 34997 City-St-Zip: STUART, FL 34997 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 GORDON PD 02/07/2009