


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90009 002 ****61.25

DOCUMENT # N04000001904 1. Entity Name COUNTRY CLUB OF FLORIDA SCHOLARSHIP FOUNDATION, INC.	
---	---

Principal Place of Business
25 COUNTRY ROAD
VILLAGE OF GOLF, FL 33436

Mailing Address
4600 NORTH OCEAN BLVD
SUITE 206
BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE



01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1191301	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JOH, ERIK E ESQ.
4600 NORTH OCEAN BLVD., STE. 206
BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENINGA, WALTER H 2 SANDPIPER LANE VILLAGE OF GOLF, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOH, ERIK E 11 COUNTRY ROAD VILLAGE OF GOLF, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS A 1122 N. OCEAN BLVD. GULFSTREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Walter H. Teninga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06
Date

561 276 1008
Daytime Phone #