


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90045 041 \*\*\*\*61.25

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| <b>DOCUMENT # N04000004368</b><br>1. Entity Name<br><b>COUNTRY CLUB ACRES ASSOCIATION INC</b>  |                               |   |   |  |  |
| Principal Place of Business<br><b>PO BOX 6624<br/>DELRAY BEACH FL 33482-6624<br/>US</b>  |                               |   | Mailing Address<br><b>PO BOX 6624<br/>DELRAY BEACH FL 33482-6624<br/>US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                               | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                               | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                               | City & State  |   |   |  |
| Zip  | Country                       | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |                               |   |   | 7. Name and Address of New Registered Agent                                       |  |
| <b>SCHELL, BERNARD<br/>5289 LAKE BOULEVARD<br/>DELRAY BEACH FL 33484</b>   |                               |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |
|  |                               |   |   | <b>FL</b> Zip Code  |  |
| 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 <u><i>Bernard Schell</i></u> <b>PRESIDENT BERNARD SCHELL</b> <u>2-4-07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |                               |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007.</b>  |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>   |                               |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                               |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |   |  |
| TITLE  | P                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>SCHELL, BERNARD</b>        |   | NAME  |   |  |
| STREET ADDRESS   | <b>5289 LAKE BLVD.</b>        |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | <b>DELRAY BEACH FL 33484</b>  |   | CITY - ST - ZIP   |   |  |
| TITLE  | VP                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>BARQUILLA, IBRA</b>        |   | NAME  |   |  |
| STREET ADDRESS   | <b>5161 MADISON ROAD</b>      |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | <b>DELRAY BEACH, FL 33484</b> |   | CITY - ST - ZIP   |   |  |
| TITLE  | ADVP                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>MCQUIRE-JUDD, HOLLY</b>    |   | NAME  |   |  |
| STREET ADDRESS   | <b>15207 HAYES ROAD</b>       |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | <b>DELRAY BEACH FL 33484</b>  |   | CITY - ST - ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                               |   | NAME  |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                               |   | CITY - ST - ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                               |   | NAME  |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                               |   | CITY - ST - ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                               |   | NAME  |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                               |   | CITY - ST - ZIP   |   |  |



1st MOORE CR2E037 (10/06)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bernard Schell* **BERNARD SCHELL** 2-4-07 561 498 3157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #