2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000004368

TI FILED
Apr 02, 2009
Secretary of State

Entity Name: COUNTRY CLUB ACRES ASSOCIATION INC **Current Principal Place of Business: New Principal Place of Business:** 15138 JACKSON ROAD DELRAY BEACH, FL 33484 US **Current Mailing Address: New Mailing Address:** PO BOX 6624 DELRAY BEACH, FL 334826624 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARQUILLA, IBRA 5161 MADISON ROAD DELRAY BEACH, FL 33484 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 BARQUILLA, IBRA Name: Name: 5161 MADISON RD Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 US City-St-Zip: Title: () Delete Title: 2VP (X) Change () Addition BEANARD, SCHELL Name: Name: BOWEN, ANGELA Address: 5289 LAKE BLVD Address: 5172 BUCHANAN RD City-St-Zip: DELRAY BEACH, FL 33484 US City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: () Change () Addition GALLO, ADAM C Name: Name: 5410 ADAMS RD Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: REY, KRISTIN A Name: Address: 5410 ADAMS RD Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: 2VP (X) Delete Title: () Change () Addition BOWEN, ANGELA Name: Name: 5172 BUCHANAN RD Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 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: KRISTIN REY S 04/02/2009