

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90028 017 ****61.25

DOCUMENT # N04000011701

1. Entity Name
**COUNTRY CLUB CONDOMINIUM V AT EAST BAY
ASSOCIATION, INC.**



Principal Place of Business
**1200 COUNTRY CLUB DRIVE #7101
LARGO, FL 33771**

Mailing Address
**1200 COUNTRY CLUB DRIVE #7101
LARGO, FL 33771**

40057834



04062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2144301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIDEBRANDT, HAL
4175 E BAY DR 205
CLEARWATER, FL 33764**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RENZ, RONALD
STREET ADDRESS	1200 CTRY CLUB DR 5301
CITY-ST-ZIP	LARGO, FL 33771
TITLE	T
NAME	TOMASINI, JAMES
STREET ADDRESS	1200 CTRY CLUB DR 5502
CITY-ST-ZIP	LARGO, FL 33771
TITLE	S
NAME	ANDERSON, CARLA
STREET ADDRESS	1200 CTRY CLUB DR 5503
CITY-ST-ZIP	LARGO, FL 33771
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janet Korn

4/9/07

727-581-7910