2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am **Secretary of State**

01-14-2008 90108 011 ****61.25

DOCL	JMEN ⁻	$\Gamma \# N$	JO40	በበበ1	1701
DUU	ノルコニュ	I ## I'	リレサレ	UUU I	11/01

1. Entity Name



COUNTRY CLUB CONDOMINIUM V AT EAST BAY ASSOCIATION, INC. Principal Place of Business 40003666 Mailing Address 1200 COUNTRY CLUB DRIVE #7101 1200 COUNTRY CLUB DRIVE #7101 LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-2144301 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bliss HIDEBRANDT, HAL Street Address (P.O. Box Number is Not Acceptable) 4175 E BAY DR 205 CLEARWATER, FL 33764 #205 8. The above named entity submits this statement for the purpose of changing its registered office of stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change RENZ, RONALD NAME NAME STREET ADDRESS 1200 CTRY CLUB DR 5301 STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE Delete □ Change ■ Addition NAME TOMASINI, JAMES NAME 1200 CTRY CLUB DR 5502 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition ANDERSON, CARLA NAME NAME STREET ADDRESS 1200 CTRY CLUB DR 5503 STREET ADDRESS CITY-ST-7IP LARGO, FL 33771 CITY-ST-ZIP TITLE TITLE Director **X** Addition ☐ Delete □ Change Arthur Clemens Dr., # 5105 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 his 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:

Ronald Renz President