2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 10, 2006 8:00 am Secretary of State DOCUMENT # N05000011705 02-10-2006 90062 001 ***122.50 COUNTRY CLUB COMMONS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 66001113 1521 S.W. 57TH STREET 1521 S.W. 57TH STREET CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Folmer SCHUTT, DARRIN R ESQ Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904 W. 8. The above named polity 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Addition FULMER, RANDY A NAME NAME STREET ADDRESS STREET ADDRESS 1521 S.W. 57TH STREET CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP **VPST** TITLE Delete TITLE ☐ Change ☐ Addition FULMER, R TRACEY NAME NAME STREET ADDRESS STREET ADDRESS 1521 S.W. 57TH STREET CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP D ☐ Delete TITI F TITLE Change ☐ Addition **FULMER, R TRACEY** NAME NAME STREET ADDRESS 1521 S.W. 57TH STREET STREET ADDRESS CITY-ST-79P CAPE CORAL, FL 33914 CITY-ST-ZIP Delete TITLE ☐ Addition TITS F n ☐ Channe AGLES, JAMES NAME NAME 2326 DEL PRADO BOULEVARD STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ AddItion TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED