

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

\$61.25

FILED

07 JAN 12 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 Chg-NP CR2E037 (12/06) 07

DOCUMENT # N05000011705			
1. Entity Name COUNTRY CLUB COMMONS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1521 S.W. 57TH STREET CAPE CORAL, FL 33914		Mailing Address 1521 S.W. 57TH STREET CAPE CORAL, FL 33914	
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 SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904		4. FEI Number 20-4262185 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name: R. Tracey Fulmer Street Address (P.O. Box Number Is Not Acceptable): 1521 SW 57 St City: Cape Coral FL Zip Code: 33914		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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:		DATE: 1-9-17	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: FULMER, RANDY A STREET ADDRESS: 1521 S.W. 57TH STREET CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 100085633211 01/23/07--01003--010 **172.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPST NAME: FULMER, R TRACEY STREET ADDRESS: 1521 S.W. 57TH STREET CITY-ST-ZIP: CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:		DATE: 1-9-17 DAYTIME PHONE #: 239-549-2300	