


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4262185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULMER, R. TRACEY
 1521 S.W. 57TH STREET
 CAPE CORAL, FL 33914

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution, **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULMER, RANDY A 1521 S.W. 57TH STREET CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FULMER, R TRACEY 1521 S.W. 57TH STREET CAPE CORAL, FL 33914
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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:  **1-9-8** **239-519-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #