

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09846

FILED
Jan 15, 2009
Secretary of State

Entity Name: COUNTRY CLUB VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2645 FAIRWAY CT
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

2645 FAIRWAY CT
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-2633192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT L., JR., ESQ.
225 E. PARK AVENUE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

JAMES C. MCCLENDON II, ESQ.
240 E. PARK AVENUE
LAKE WALES, FL 33853 US

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.

SIGNATURE: JAMES C. MCCLENDON II, ESQ

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILKINSON, EDWARD
Address: 567 CLUB HOUSE DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VP () Delete
Name: NELSON, HARRY
Address: 518 CLUBHOUSE DR
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: WILKINSON, CINDY
Address: 551 CLUB HOUSE DR
City-St-Zip: LAKE WALES, FL 33898

Title: TD () Delete
Name: ARMINGTON, BOB
Address: 2640 FAIRWAY CT
City-St-Zip: LAKE WALES, FL 33898

Title: SD () Delete
Name: AVERY, JOHN
Address: 569 CLUBHOUSE DR.
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HOPP, SHIRLEY
Address: 516 GREENWAY DR.
City-St-Zip: LAKE WALES, FL 33898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY HOPP

VD

01/15/2009

Electronic Signature of Signing Officer or Director

Date