

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-10-2001 90061 018 *****70.00

DOCUMENT # N15742

1. Entity Name

COUNTRY CLUB GARDENS OWNERS ASSOCIATION, INC.



Principal Place of Business

1748 BRUMAN TERR
 MELBOURNE FL 32935
 US

Mailing Address

1748 BRUMAN TERR
 MELBOURNE FL 32935
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3211027

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, CAROL
 1748 BRUMAN TERR
 MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME BOUWSMA, MARK
 STREET ADDRESS 1758 BRUMAN TERRACE
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME JAMIE SADOWSKI
 STREET ADDRESS 1714 BRUMAN TERRACE
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE VPD ☒ Delete
 NAME KNAUSEL, TIMOTHY
 STREET ADDRESS 1750 BRUMAN TERRACE
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE VICE PRESIDENT ☒ Change ☐ Addition
 NAME NICHOLAS DESBIOUINE
 STREET ADDRESS 1766 MAISON TERRACE
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE STD ☐ Delete
 NAME WOOD, CAROL
 STREET ADDRESS 1748 BRUMAN TERR
 CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carol A. Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)