2005	NOT-FOR-PRO ANNUAL	FILED Sep 02, 2005 8:00 am					
DOCUMENT # N15742 1. Entity Name COUNTRY CLUB GARDENS OWNERS ASSOCIATION, INC.					ecretary 09-02-2005 90014 (		
Principal Place of Business Mailing Address 1748 BRUMAN TERR 1748 BRUMAN TERR MELBOURNE, FL 32935 US MELBOURNE, FL 32935			5 US	L KOMATAN BUK ABUL I		00046	11 <b>11</b> 173
2. Principal Place of Business 1 1, 30 mbsow TcR, Suite, Apt. #, etc.		3. Mailing Address 1680 Immsow te.r. Suite, Apt. #, etc.		06102005 Chg-NP CR2E037 (10/03)			
City & State Melbourne FL		City & State Melbourne F-L		4. FEI Number 59-321102	7		plied For t Applicable
32935	Country BRecked Name and Address of Current F	<sup>Zip</sup> 32935	Country Browno	5. Certificate of Sta		\$8.75 Add Fee Required	
WOOD, CARO 1748 BRUMAN MELBOURNE,	L I TERR	Street Addres	7. Name and Address of New Registered Agent         Name         STEWAT, DAKARII         Street Address (P.O. Box Number is Not Acceptable)         I G BO MM SCI W TCMACCE				
			City me	1600me	FL	Zip Code	93.5
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							
Due by September 7, 2005         Trust Fund Co           10.         OFFICERS AND DIRECTORS			ontribution.	Added to Fees	Florida Depart		
TITLE PD NAME SAL STREET ADDRESS 171	DOWSKI, JAMIE 4 BRUMAN TERRACE LBOURNE, FL 32935	Delete	TITLE NAME STREET ADDRESS	$\rho$ — — — — — — — — — — — — — — — — — — —	Terrice	Carriange	Addition
STREET ADDRESS 166	EHRTO, ALICIA 17 BRUMAN TERRACE LBOURNE, FL 32935	Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OBD, CARD 18 BRUMAN FLGOURNE	L.	X Change	Addition
STREET ADDRESS 174	D DOD, CAROL 18 BRUMAN TERR LBOURNE, FL 32935	Cuelete	TITLE S NAME D STREET ADDRESS 17	TD. EGIOUNE, 166 M#SON		🔀 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME Street adoress City-st-2ip			Change	C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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:  SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF Statutes of Statutes of Statutes of Director  Device D							