

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90025 048 \*\*\*\*70.00

<b>DOCUMENT # N15742</b> 1. Entity Name <b>COUNTRY CLUB GARDENS OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1630 MASON TERR MELBOURNE, FL 32935 US</b>		Mailing Address <b>1630 MASON TERR MELBOURNE, FL 32935 US</b>	
2. Principal Place of Business <b>1748 BRUMAN TERRACE</b>		3. Mailing Address <b>1748 BRUMAN TERRACE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MELBOURNE FL</b>		City & State <b>MELBOURNE FL</b>	
Zip <b>32935</b>		Zip <b>32935</b>	
Country 		Country 	
4. FEI Number <b>59-3211027</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STEWART, DARRELL 1630 MASON TERRACE MELBOURNE, FL 32935</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, DARRELL 1630 MASON TERRACE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, CAROL 1748 BRUMAN TERRACE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUWSMA, LESLIE 1758 BRUMAN TERRACE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEGAVINE, HEIDI 1766 MASON TERRACE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOOD, CAROL 1748 BRUMAN TERRACE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>		7-11-06      321 253-2349	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date      Daytime Phone #</small>	