


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N15742 1. Entity Name COUNTRY CLUB GARDENS OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1748 BRUMAN TERRACE MELBOURNE, FL 32935 US	Mailing Address 1748 BRUMAN TERRACE MELBOURNE, FL 32935 US
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DO NOT WRITE IN THIS SPACE



07242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3211027	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 STEWART, DARRELL 1630 MASON TERRACE MELBOURNE, FL 32935
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, DARRELL 1630 MASON TERRACE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUWSMA, LESLIE 1748 BRUMAN TERRACE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOD, CAROL 1748 BRUMAN TERRACE MELBOURNE, FL 32935
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08/08/07-80002-008 70.00

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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 life empowered.

SIGNATURE:  **7-24-07** **321 253-2349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #