

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16174

FILED
Mar 03, 2009
Secretary of State

Entity Name: COUNTRY CLUB VILLAGE I OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 65-0824902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESLEY, DALE
Address: 13094 CROSS CREEK CT #108
City-St-Zip: FORT MYERS, FL 33912

Title: VPD () Delete
Name: HEY, EUGENE
Address: 13094 CROSS CREEK CT #115
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: CHAPIN, JERE
Address: 903 NORDANE AVE
City-St-Zip: RIPON, WI 54971

Title: TD () Delete
Name: WYSOCKI, WALTER
Address: 15613 PETUNIA CT
City-St-Zip: ORLANDO PARK, IL 60462

Title: D () Delete
Name: O'DONNELL, FRANK
Address: 13090 CROSS CREEK CT #212
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: RIZZO, ANGELYN
Address: 13090 CROSS CREEK CT #207
City-St-Zip: FT MYERS, FL 33912

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: DALE PRESLEY

PD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date