

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

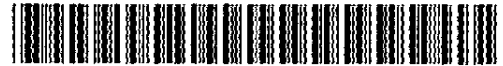
**DOCUMENT # N19455**

1. Entity Name  
**COUNTRY CLUB COVE COMMUNITY ASSOCIATION,  
INC.**



Principal Place of Business  
**BUSINESS MANAGEMENT PLUS, INC.  
1791 S. CLUB DRIVE  
WELLINGTON, FL 33414 US**

Mailing Address  
**BUSINESS MANAGEMENT PLUS, INC.  
1791 S. CLUB DRIVE  
WELLINGTON, FL 33414 US**



01312006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2805412</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BUSINESS MANAGMENT PLUS, INC.  
1791 S. CLUB DRIVE  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	MARLOW, HOWARD
STREET ADDRESS	12268 SAG HARBOR COURT, #7
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	VD
NAME	NEWBOLD, ELIZABETH
STREET ADDRESS	12220-4 SAG HARBOR COURT
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	PD
NAME	WALSER, LOIS
STREET ADDRESS	12212-1 SAG HARBOR COURT
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000424192  
02/18/06-80038-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Lois Walsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/06* *561 333-7378*

Date

Daytime Phone #