

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19455

FILED
Apr 16, 2009
Secretary of State

Entity Name: COUNTRY CLUB COVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

DAVENPORT PROF PROP MGMT, INC.
6620 LAKE WORTH RD, STE F
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

DAVENPORT PROF PROP MGMT, INC.
6620 LAKE WORTH RD, STE F
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 59-2805412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STJOHN, CORRE & LEMME
1601 FORUM PLACE
SUITE 701
WEST PALM BEACH, FL 33401 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: ROBINSON, JOSEPH
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: NEWBOLD, BOB
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: UTRATA, DALE
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Delete
Name: WALKER, ALMA
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: MARTINDALE, MARY
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: NEWBOLD, BOB
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: D (X) Change () Addition
Name: TEAGNO, MARIA
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

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: J. ROBINSON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date