

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19455

FILED
Apr 23, 2012
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, ROSSIN, BURR & 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
Name: ROBINSON, JOSEPH
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: DT
Name: NEWBOLD, ROBERT
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: D
Name: FALK, TOM
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: J. ROBINSON

PD

04/23/2012

Electronic Signature of Signing Officer or Director

Date