


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

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 025 \*\*\*\*61.25

**DOCUMENT # N20913**

1. Entity Name  
**COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**FAIRWAYS CIRCLE      P.O. BOX 830728**  
**OCALA, FL 34472 US      Ocala, FL 34478**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40051524



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2816485**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOLEY, THOMAS**  
**610 SE 17TH ST**  
**OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name **George T. Gurrola**

Street Address (P.O. Box Number is Not Acceptable)  
**11980 NW 86th St**

**Ocala, FL**      **34482**

City      State **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JAMES <input checked="" type="checkbox"/> Delete 11980 NW 8TH STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GURROLA, GEORGE <input type="checkbox"/> Delete 11980 NW 86 STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURROLA, THOMAS <input type="checkbox"/> Delete 11980 NW 86TH STREET OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAW, JAMES <input checked="" type="checkbox"/> Delete 8188 FAIRWAYS CIR A102 OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHELDON, LIN <input checked="" type="checkbox"/> Delete 8288 FAIRWAYS CIR A102 OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP Keith, ANNA 8233 Fairways Circle E-101 Ocala FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Gurrola, George 11980 NW 86th St. Ocala, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Gurrola, Thomas 11980 NW 86th St Ocala, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP Bailey, William 8150 Fairways Circle S-203 Ocala, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Terrillion, Maria 546 Silver Course Radial Ocala, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George T. Gurrola      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR