## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20913

FILED Mar 13, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
FAIRWAY OCALA, F	'S CIRCLE FL 34472 US				
Current Mailing Address:		New Mailing Add	New Mailing Address:		
P.O. BOX OCALA, F					
FEI Number	r: 59-2816485	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
	A, GEORGE T V 86TH ST. FL 34482 US				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	c Signature of Registered Ag	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHAP	NGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () GURROLA, GEC 11980 NW 86TH OCALA, FL 344	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GURROLA, GEO 11980 NW 86 S OCALA, FL 344	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () GURROLA, THC 11980 NW 86TH OCALA, FL 344	STREET	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
-	VP ()	Delete	Title:	( ) Change ( ) Addition	
Γitle: Name: Address: City-St-Zip:	BAILEY, WILLIA 8150 FAIRWAY	S CIRCLE S-203	Name: Address: City-St-Zip:		
Name: Address:	BAILEY, WILLIA 8150 FAIRWAY OCALA, FL 344	S CIRCLE S-203 72 Delete ARIA URSE RADIAL	Address:	()Change ()Addition	

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: GEORGE T. GURROLA PRES 03/13/2009