


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90072 026 \*\*\*\*61.25

<b>DOCUMENT # N31443</b>			
1. Entity Name <b>COUNTRY CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4213 PALM TREE BLVD. CAPE CORAL FL 33904</b>		Mailing Address <b>P.O. BOX 100306 CAPE CORAL FL 33910 US</b>	
2. Principal Place of Business		3. Mailing Address <b>4202 SE 4th Place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># E-10</b>	
City & State		City & State <b>Cape Coral FL</b>	
Zip	Country	Zip	Country
<b>33904</b>		<b>33904</b>	<b>Lee</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1209310</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WASSBERG, CURTIS 4720 SE 15TH AVE., #205 CAPE CORAL FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Nita Sexton</b> Street Address (P.O. Box Number is Not Acceptable) <b>4202 SE 4th Place # E-10</b> City <b>Cape Coral</b> FL Zip Code <b>33904</b>	
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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 Nita Sexton DATE 6-26-05

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY, ED 4202 SE 4TH PLACE CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUMA, James 403 S.E. 43rd Terrace # E-3 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAMMOSER, JIM 402 S.E. 42ND TERR. CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Apling, Daniel 4227 Palm Tree Blvd # B-11 Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIQUORI, CARMEN 4227 PALM TREE BLVD B8 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Muitkenburg, Roger 4227 Palm Tree Blvd # B-11 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DI BLASIO, JOE 4213 PALM TREE BLVDL #C-5 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Costalles, Colanna 4216 SE 4th Place # F-2 Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEXTON, NITA 4202 SE 4TH PLACE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, SHARON 4216 SE 4TH PLACE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: Nita Sexton NITA SEXTON V.P. 6-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #