

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90073 038 ****61.25

DOCUMENT # N31443 1. Entity Name COUNTRY CLUB ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4213 PALM TREE BLVD. CAPE CORAL, FL 33904			Mailing Address 4202 SE 4TH PLACVE E-10 CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 100831			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cape Coral FL			
Zip	Country	Zip 33910	Country USA	4. FEI Number 59-1209310	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE 2517 SANTA BARBARA BLVD #11 CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 2503 Del Prado Blvd # 500 City Cape Coral FL Zip Code 33904		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENA, ROGER 403 SE 43RD TERRACE # E-3 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Roger Rosema 403 SE 43 Terr A3 Cape Coral, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP APLING, DAVID 4227 PALM TREE BLVD # B-11 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Daniel Apling	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRUEGER, KEN 3825 SE 7TH AVE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. Joe Mancarella 4216 SE 4 Plac, F7 Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Bob Seagriff 402 SE 43 Terr, D8 Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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: <i>Daniel Apling</i>			3/16/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40041737



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1209310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEAGUE, GEORGE
2517 SANTA BARBARA BLVD #11
CAPE CORAL, FL 33914

Name Same

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado Blvd # 500

City Cape Coral

FL

Zip Code 33904

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Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROSENA, ROGER
403 SE 43RD TERRACE # E-3
CAPE CORAL, FL 33904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dir.
Roger Rosema
403 SE 43 Terr A3
Cape Coral, FL 33904

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
APLING, DAVID
4227 PALM TREE BLVD # B-11
CAPE CORAL, FL 33904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Daniel Apling

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KRUEGER, KEN
3825 SE 7TH AVE
CAPE CORAL, FL 33904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Empty]

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treas.
Joe Mancarella
4216 SE 4 Plac, F7
Cape Coral, FL 33904

☐ Change ☒ Addition

TITLE
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[Empty]

☐ Delete

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #