

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38787

FILED
Jan 04, 2008
Secretary of State

Entity Name: COUNTRY CLUB VILLAGE, PHASE 3, PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2699 CLUBHOUSE DR.
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

2699 CLUBHOUSE DR.
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 59-3125669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOWAY, ALBERT C JR
202 EAST STUART AVE
LAKE WALES, FL 33859 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: P/D () Delete
Name: STILES, SUSAN A
Address: 2676 CLUBHOUSE DR
City-St-Zip: LAKE WALES, FL 33898

Title: DIR () Delete
Name: PRICE, ANN
Address: 2608 EAGLE COURT
City-St-Zip: LAKE WALES, FL 33898

Title: T/D () Delete
Name: STILES, PETER W
Address: 2676 CLUBHOUSE DR
City-St-Zip: LAKE WALES, FL 33898

Title: DIR () Delete
Name: JAMES, MADDEN
Address: 2705 CLUBHOUSE DR
City-St-Zip: LAKE WALES, FL 33898

Title: DIR () Delete
Name: SCHWABE, STEVE
Address: 2697 CLUBHOUSE DR
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: MADDEN, JAMES
Address: 2705 CLUBHOUSE DR
City-St-Zip: LAKE WALES, FL 33898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN A. STILES

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date