


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED

**Feb 23, 2004 08:00
Secretary of State**

DOCUMENT # N97000003390 1. Entity Name COUNTRY CLUB ESTATES II HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 209 GREENWAY LANE HAVANA, FL 32333	Mailing Address 209 GREENWAY LANE HAVANA, FL 32333
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**GASTON, WAYNE J
209 GREENWAY LANE
HAVANA, FL 32333**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAMPS, SUSAN W 112 GREENWAY DRIVE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, EDNA 5 103 N. MAIN STREET HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GASTON, WAYNE 209 GREENWAY LANE HAVANA, FL 32333
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02/23/04-80135-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wayne J. Gaston 2-19-04 545-9056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #