2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003953

Address:

City-St-Zip:

Entity Name: COLINTRY CLUB COLONY INC

FILED Apr 27, 2009 Secretary of State

Littly Na	ille. COONTR	T CLOB COLOINT, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
198 JOEL LEHIGH A	.BLVD. CRES, FL 339	972 US				
Current M	lailing Addres	s:	New Mailing Address:			
C/O ROBERT BOWERS ACCOUNTING						
PO BOX 7 LEHIGH A	159 CRES, FL 339	970 US				
FEI Number	: 65-1035904	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	d()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
BROWN, 3 1372 ARC UNIT #6 LEHIGH A		972 US				
	named entity se of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, of	or both,
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DIR	ECTORS:
Title: Name: Address: City-St-Zip:	BROWN, SUE 1372 ARCHER	Delete ST UNIT # 6 S, FL 33972 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SMITH, BONNIE 1380 ARCHER		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PYLE, JOHN 194 JOEL BLVI	Delete DUNIT#3 5, FL 33972 US	Title: Name: Address: City-St-Zip:	WARNER, R 2255 8TH PL		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D MCQUIRE, N 24756 W HE ELWOOD, IL	MPHILL DR	
Title: Name:	()	Delete	Title: Name:	D THOMAS, JU	() Change (X) Addition JLIE	

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.

Address:

City-St-Zip:

194 JOEL BLVD # 2

LEHIGH ACRES, FL 33936 US

SIGNATURE: SUE BROWN P 04/27/2009