## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90241 044 \*\*\*150.00

## DOCUMENT # P00000077413



1. Entity Name COUNTRY CLUB POINT OF BREVARD, INC.											
Principal Place	e of Busines:	3	Mailing Address	Mailing Address				annes70'	7		
1684 W. HIBISCUS BLVD. 1			1684 W. HIBISCUS BLV	1684 W. HIBISCUS BLVD. Melbourne, Fl 32901			40065707				
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address	). Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04042007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State	City & State			4. FEI Numbi 59-366				plied For t Applicable
Zip	Country		Zip	Count	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent	ered Agent			7. Name and Address of New Registered Agent				
SOTTILE,	IOHN H			Name							
1684 W. H MELBOUR	IBISCUS					ddress (F	P.O. Box Numb	er is Not Acceptable	∍)		
					City				FL	Zip Code	3
8. The above the obligation	named entitions of regist	y submits this statement for ered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. Iam	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered	t Agent signati	ure required	when reinstating)	_	DATE	- n n-	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							.00 May Be ed to Fees				
10.	· · · · ·	OFFICERS AND	DIRECTORS	11.		,	ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	CPD		☐ Delete TITU			l				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SOTTILE, JOHN H 1684 W. HIBISCUS BLVD. MELBOURNE, FL 32901			STRE CITY							
TITLE	DS		☐ Delete	111LE		D				(X) Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1684 W. H	, DANFORTH E HIBISCUS BLVD. RNE, FL 32901					UER, DANFOI W. HIBISO	RTH E. US BLVD., MEI	LBOURNE	, FL 3290	01
THILE NAME STREET ADDRESS CITY-ST-ZIP	1	C JR HIBISCUS BLVD. RNE, FL 32901	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1684 W. H	, STEPHEN R HIBISCUS BLVD. RNE, FL 32901	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1684 W. H	ON, WILLIAM M HIBISCUS BLVD. RNE, FL 32901	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				ER, MARY L W. HIBISO	US BLVD., ME	LBOURNE	□ Change , FL 320	Addition

12. I hereby certify that the information supplied with this filling 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 607, 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 by:

Stephen R. Wherry

Stephen R. Wherry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #