

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003190

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CLUB CONTINENTAL PROPERTIES, INC.

**Current Principal Place of Business:**

2143 ASTOR ST  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7059  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-3357303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASSEE, KARRIE  
2143 ASTOR ST  
ORANGE PARK, FL 32073      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MASSEE, CALEB J JR  
Address: 2143 ASTOR ST  
City-St-Zip: ORANGE PARK, FL 32073

Title: PO ( ) Delete  
Name: MASSEE, KARRIE  
Address: 2590 RIVER PLACE LN  
City-St-Zip: ORANGE PARK, FL 32073

Title: PO ( ) Delete  
Name: PATTERSON, WILLIAM  
Address: 2137 ASTOR ST  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PO (X) Change ( ) Addition  
Name: PATTERSON, ESTATE OF JEAN  
Address: 2137 ASTOR ST  
City-St-Zip: ORANGE PARK, FL 32073

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARRIE MASSEE

PO

04/22/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date