FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90944 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8008061O

DOCUMENT # S17263

1. Entity Name
COUNTRY CLUB RECREATION, INC.

Principal Place of Business	Mailing Address
140 N COUNTRY CLUB DR MESA, AZ 85201 US	782 LAKESIDE DR N PALM BEACH, FL 33408

2. Principal Place of Business	3. Mailing Address
	1801 BELVEDERE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: W. PALM BEACH FL
Zip / Country	Zip: 33406 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0230095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, JUDITH J. 505 S. FLAGLER DR. SUITE 1330 WEST PALM BEACH, FL 33401	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code:

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 ________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00!!! After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: DANIEL, ROBERT G. STREET ADDRESS: 782 LAKESIDE DR CITY-ST-ZIP: N. PALM BEACH, FL	☒ Delete	TITLE: PRESIDENT NAME: ROBERT JOHN DANIEL STREET ADDRESS: 1007 BLOOMDALE DR. CITY-ST-ZIP: LAS CRUCES NM 88005	☐ Change ☒ Addition
TITLE: S NAME: MANIS, SUSAN STREET ADDRESS: 132 PONCE DE LEON STREET CITY-ST-ZIP: WEST PALM BEACH, FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: VP NAME: JESSE DANIEL STREET ADDRESS: 1007 BLOOMDALE DR. CITY-ST-ZIP: LAS CRUCES NM 88005	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Susan Manis SUSAN MANIS 4/11/03 561-683-5424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #