2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 10, 2008 8:00 am Secretary of State

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1. Entity Name COUNTRY VILLAGE ESTATES CONDOMINIUM ASSOCIATION.INC. Principal Place of Business Mailing Address 40041530 9365 W SAMPLE RD PO BOX 8506 CORAL SPRINGS, FL 33075 US 203 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162008 Chq-NP CR2E037 (12/06) City & State City & State FEI Number
59-2530677 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONDO MANAGEMENT ALTERNATIVE Street Address (P.O. Box Number is Not Acceptable) 9365 W SAMPLE RD 203 CORAL SPRINGS, FL 33065 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) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PD ☐ Delete TITLE ☐ Channe TITLE NAME KERR, DERRICK NAME PO BOX 8506 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33075 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE COOPER, SEAN NAME PO BOX 8506 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33075 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE COOPER: GINA STREET ADDRESS STREET ADDRESS PO BOX 8506 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33075 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing 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 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:

954-752-4796

Date