2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760641

FILED Mar 04, 2009 Secretary of State

Entity Name: COUNTRY VILLAGE ESTATES CONDOMINIUM ASSOCIATION INC

Lillity Nai	ne. COONT	KI VILL	AGE ESTATES COND	CIVIIIVICIV	I ASSOCIATION,INC.		
Current Principal Place of Business:					New Principal Place of Business:		
9365 W SAMPLE RD 203					9365 W SAMPLE RD #203		
CORAL SPRINGS, FL 33065 US					CORAL SPRINGS, FL 33065 US		
Current Mailing Address:					New Mailing Address:		
PO BOX 85 CORAL SF	506 PRINGS, FL(33075	US				
FEI Number:	59-2530677	FEIN	lumber Applied For()	FEI Nu	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
CONDO MANAGEMENT ALTERNATIVE 9365 W SAMPLE RD					CONDO MANAGEMENT ALTERNATIVE 9365 W SAMPLE RD		
203 CORAL SPRINGS, FL 33065 US					#203 CORAL SPRINGS, FL 33065 US		
	named entity of Florida.	submit	s this statement for the p	ourpose o	of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					03/04/2009		
	Electro	nic Sigr	nature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (KERR, DERRI PO BOX 8506 CORAL SPRIN		33075		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (COOPER, SEA PO BOX 8506 CORAL SPRIN		33075		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (COOPER, GIN PO BOX 8506 CORAL SPRIN		33075		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: DERRICK KERR PD 03/04/2009