

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22435 (4)
1. Corporation Name
THE VILLAGES AT COUNTRY CREEK I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 21131 COUNTRY CREEK DRIVE ESTERO FL 33928 US	Mailing Address 10060 AMBERWOOD RD. UNIT 3 FT. MYERS FL 33913-6522 US
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3. Date Incorporated or Qualified 09/10/1987	3a. Date of Last Report 02/20/1996
4. FEI Number 65-0040528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Zip
25 Country	29 Country
30	

9. Name and Address of Current Registered Agent
**SARVER, HELEN T
10060 AMBERWOOD RD
UNIT 3
ESTERO FL 33928**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BINKA, FRANCES	
STREET ADDRESS	21131 COUNTRY CREEK DRIVE	
CITY-ST-ZIP	ESTERO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUTZ, WILLIAM	
STREET ADDRESS	21131 COUNTRY CREEK DRIVE	
CITY-ST-ZIP	ESTERO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, GEORGE	
STREET ADDRESS	21131 COUNTRY CREEK DRIVE	
CITY-ST-ZIP	ESTERO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, ED	
STREET ADDRESS	21131 COUNTRY CREEK DRIVE	
CITY-ST-ZIP	ESTERO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, ARNOLD	
STREET ADDRESS	21131 COUNTRY CREEK DRIVE	
CITY-ST-ZIP	ESTERO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jolie Roland	
1.3 STREET ADDRESS	20916' Blacksmith Forge	
1.4 CITY-ST-ZIP	Estero, FL 33928	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	20859 Blacksmith Forge	
2.4 CITY-ST-ZIP	Estero, FL 33928	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Metz, Mary	
3.3 STREET ADDRESS	20854 Andiron Place	
3.4 CITY-ST-ZIP	Estero, FL 33928	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Schofield Syd	
4.3 STREET ADDRESS	20930 Andiron Place	
4.4 CITY-ST-ZIP	Estero, FL 33928	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brush, George	
5.3 STREET ADDRESS	21030 Butcher's Holler	
5.4 CITY-ST-ZIP	Estero, FL 33928	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13.

SIGNATURE: William Lutz DATE: 4-28-97 (941) 561-1444
DAYTIME PHONE # 0056734

CR2E037 (9/96)