

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/5

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90070 028 \*\*\*\*61.25

**DOCUMENT # N22435**

1. Entity Name

**THE VILLAGES AT COUNTRY CREEK I HOMEOWNERS ASSOC**

Principal Place of Business  
 21131 COUNTRY CREEK DRIVE  
 ESTERO FL 33928  
 US

Mailing Address  
 10060 AMBERWOOD RD.  
 UNIT 3  
 FT. MYERS FL 33913  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0040528**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SARVER, HELEN T**  
**10060 AMBERWOOD RD**  
**UNIT 3**  
**ESTERO FL 33928**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOLIE, ROLAND	
STREET ADDRESS	20910 BLACKSMITH FORGE	
CITY-ST-ZIP	ESTERO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORAMARCO, NICHOLAS	
STREET ADDRESS	20887 BLACKSMITH FORGE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	METZ, MARY	
STREET ADDRESS	20854 ANDIRON PLACE	
CITY-ST-ZIP	ESTERO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DODUNSKI, ROBERT	
STREET ADDRESS	21079 BUTCHERS HOLLER	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRUCH, GEORGE	
STREET ADDRESS	21030 BUTCHER'S HOLLER	
CITY-ST-ZIP	ESTERO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Brush	
STREET ADDRESS	21030 Butchers Holler	
CITY-ST-ZIP	Estero, FL 33928	
TITLE	Vice President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claire Kastner	
STREET ADDRESS	20841 Andiron Place	
CITY-ST-ZIP	Estero, FL 33928	
TITLE	Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Meta	
STREET ADDRESS	20970 Blacksmith Forge	
CITY-ST-ZIP	Estero, FL 33928	
TITLE	Treasurer/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leroy Guccini	
STREET ADDRESS	21125 Butchers Holler	
CITY-ST-ZIP	Estero, FL 33928	
TITLE	Member At Large/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Mullenbrock	
STREET ADDRESS	20730 Andiron Place	
CITY-ST-ZIP	Estero, FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 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:

*Anthony Meta*  
**SIGNATURE REQUIRED Anthony Meta 3-21-01 (84) 561-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #