

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90023 007 \*\*\*\*61.25

**DOCUMENT # N22435**  
 1. Entity 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 X FT. MYERS FL 33913 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 6</i>	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0040528</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**SARVER, HELEN T**  
 10060 AMBERWOOD RD  
 UNIT X 6  
 ESTERO FL 33928

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUSH, GEORGE 21030 BUTCHERS HOLLER ESTERO FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD META, ANTHONY 20970 BLAKSMITH FORGE ESTERO FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUCCINI, LEROY 21125 BUTHCERS HOLLER ESTERO FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALD MULLENBROOK, ROBERT 20730 ANDIRON PL ESTERO FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KASTNER, CLAIRE 20841 ANDIRON PL ESTERO FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jim Lackey 20891 Andiron Pl. Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Metz, Anthony 20970 Blacksmith Forge Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kastner, Clair 20841 Andiron Pl. Estero FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Clair Kastner* **2-26-02**

CR2E037 (9/01)