

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2004
Secretary of State**

DOCUMENT# N22435

Entity Name: THE VILLAGES AT COUNTRY CREEK I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21131 COUNTRY CREEK DRIVE
ESTERO, FL 33928 US

New Principal Place of Business:

11691 GATEWAY BLVD.
SUITE 203
FT. MYERS, FL 33913 US

Current Mailing Address:

10060 AMBERWOOD RD.
UNIT 6
FT. MYERS, FL 33913 US

New Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FT. MYERS, FL 33913 US

FEI Number: 65-0040528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LACKEY, JIM
Address: 20891 ANDIRON PL
City-St-Zip: ESTERO, FL 33928

Title: VD () Delete
Name: META, ANTHONY
Address: 20970 BLACKSMITH FORGE
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: GUCCINI, LEROY
Address: 21125 BUTHCERS HOLLER
City-St-Zip: ESTERO, FL 33928

Title: TD () Delete
Name: ROSENTHAL, ARNIE
Address: 20981 ANDIRON PL
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: KASTNER, CLAIRE
Address: 20841 ANDIRON PL
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LACKEY, JIM
Address: 20891 ANDIRON PL
City-St-Zip: ESTERO, FL 33928

Title: D (X) Change () Addition
Name: MILLER, GARY
Address: 20810 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

Title: TD (X) Change () Addition
Name: OMMUNDSON, PETER
Address: 20950 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

Title: SD (X) Change () Addition
Name: BENDER, KENNETH
Address: 20682 BLACKSMITH FORGE
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAIRE KASTNER

PD

04/07/2004

Electronic Signature of Signing Officer or Director

Date