2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22435

Apr 13, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

21131 COUNTRY CREEK DRIVE ESTERO, FL 33928

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change () Addition LACKEY, JIM LACKEY, JIM Name: Name: 20891 ANDIRON PL Address: 20891 ANDIRON PL Address:

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: Title: SD (X) Change () Addition () Delete MILLER, GARY Name: HARDISTY, JIM Name:

Address: 20810 ANDIRON PLACE Address: 21143 BUTCHERS HOLLER

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: () Change () Addition OMMUNDSON, PETER Name: Name:

20950 ANDIRON PLACE Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip:

Title: SD () Delete Title: VPD (X) Change () Addition Name: BENDER, KENNETH Name: BENDER, KENNETH

Address: 20682 BLACKSMITH FORGE Address: 20682 BLACKSMITH FORGE

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: (X) Change () Addition

KASTNER, CLAIRE GINDER, DON Name: Name:

20841 ANDIRON PL 20951 ANDIRON PLACE Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

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: JIM HARDISTY SD 04/13/2005