

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22435

FILED
Apr 24, 2009
Secretary of State

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:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BLVD.
SUITE 203
FT. MYERS, FL 33913 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: REBECCA SARVER

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARDISTY, JAMES
Address: 21143 BUTCHERS HOLLER
City-St-Zip: FORT MYERS, FL 33928

Title: SD () Delete
Name: PISCITELLO, ERNIE
Address: 20802 BLACKSMITH FORGE
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: OMMUNDSON, CAROL
Address: 20950 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

Title: VPD () Delete
Name: PAGE, FLOYD
Address: 11691 GATEWAY BLVD., SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: TD () Delete
Name: SYMANSKI, RANDY
Address: 20821 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAKER, MARY ANN
Address: 21131 COUNTRY CREEK DRIVE
City-St-Zip: ESTERO, FL 33928

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL OMMUNDSON

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date