

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90091 046 ****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 6, FT. MYERS FL 33913, US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0040528** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SARVER, HELEN T
10060 AMBERWOOD RD
UNIT 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| TITLE: SD NAME: BRUSH, GEORGE STREET ADDRESS: 20891 ANDIRON PL. CITY-ST-ZIP: ESTERO FL 33928 <input checked="" type="checkbox"/> Delete | | TITLE: SD NAME: JIM LACKEY STREET ADDRESS: 20891 ANDIRON PL. CITY-ST-ZIP: ESTERO, FL. 33928 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: VD NAME: META, ANTHONY STREET ADDRESS: 20970 BLACKSMITH FORGE CITY-ST-ZIP: ESTERO, FL 33928 <input type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: TD NAME: GUCCINI, LEROY STREET ADDRESS: 21125 BUTHCERS HOLLER CITY-ST-ZIP: ESTERO FL 33928 <input type="checkbox"/> Delete | | TITLE: DIRECTOR NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: MALD NAME: MULLENBROOK, ROBERT STREET ADDRESS: 20730 ANDIRON PL CITY-ST-ZIP: ESTERO FL 33928 <input checked="" type="checkbox"/> Delete | | TITLE: TD NAME: ARNIE ROSENTHAL STREET ADDRESS: 20981 ANDIRON PL. CITY-ST-ZIP: ESTERO, FL. 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: PD NAME: KASTNER, CLAIRE STREET ADDRESS: 20841 ANDIRON PL CITY-ST-ZIP: ESTERO FL 33928 <input type="checkbox"/> Delete | | 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"/> Delete | | 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: *Claire Kastner*
1/17/03 239-947-5558

CR2E037 (10/02)