

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 017 ****61.25



DOCUMENT # N36210

1. Entity Name

COUNTRY CLUB VILLAS I OF SPRING LAKE
HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

6349 SAGEWOOD LN
SEBRING FL 33876
US

Mailing Address

COUNTRY CLUB VILLAS
P. O. BOX 0455
LORIDA FL 33857
US



2. Principal Place of Business - No P.O. Box #

1216 VILLAWAY W

Suite, Apt. #, etc.

Sebring

City & State

FL

Zip
33876

Country

Highlands

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3013492

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWER, MARIE A
6349 SAGEWOOD LN
SEBRING FL 33876

7. Name and Address of New Registered Agent

Name Dorthy Blackwell

Street Address (P.O. Box Number is Not Acceptable)

1216 VILLAWAY W

Sebring

City

FL

Zip Code

33876

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

Dorthy Blackwell Dorthy Blackwell 4/1/07

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature prepared when registering)

Date

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BROCHU, RONALD L	
STREET ADDRESS	702 VILLAWAY N	
CITY- ST- ZIP	SEBRING FL 33876	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROCHU, R L	
STREET ADDRESS	702 VILLAWAY	
CITY- ST- ZIP	SEBRING FL 33876	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HAVLOCK, MILLIE	
STREET ADDRESS	1918 VILLAWAY E.	
CITY- ST- ZIP	SEBRING FL 33876	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DEVRIES, TERRY	
STREET ADDRESS	130 BURNIAH LN	
CITY- ST- ZIP	LAKE ORION MI 48362	
TITLE	DP	<input type="checkbox"/> Delete
NAME	OSTAPOWICZ, DANIEL	
STREET ADDRESS	1057 IRONWOOD CR NW	
CITY- ST- ZIP	GRAND RAPIDS MI 49544	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELL, DOROTHY	
STREET ADDRESS	1216 VILLAWAY W	
CITY- ST- ZIP	SEBRING FL 33876	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D John Koller	
STREET ADDRESS	916 VILLAWAY W	
CITY- ST- ZIP	Sebring, FL 33876	
TITLE	D RAY Albert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2308 VILLAWAY E.	
CITY- ST- ZIP	Sebring, FL 33876	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Daniel Ostapowicz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 29, 2007

Date

863-655-4813

Daytime Phone #