

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90043 039 \*\*\*\*61.25



**DOCUMENT # N36210**  
 1. Entity Name  
**COUNTRY CLUB VILLAS I OF SPRING LAKE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1216 VILLAWAY W SEBRING FL 33876 US**      **1216 VILLAWAY W SEBRING FL 33876 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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  
**BLACKWELL, DOROTHY**  
**1216 VILLAWAY W**  
**SEBRING FL 33876**

7. Name and Address of New Registered Agent  
 Name **BLACKWELL, Dorothy**  
 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 *Dorothy M Blackwell* **Dorothy Blackwell** **3/26/08**  
(Signature, print or press name of registered agent and title, if applicable.) (NOTE: Registered agent signature is required when registering.) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	KOLLER, JOHN	
STREET ADDRESS	416 VILLAWAY W	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERT, RAY	
STREET ADDRESS	2308 VILLAWAY E	
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	DV	<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	916 VILLAWAY W.	
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		
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* **3/26/08**