TALLAHASSEE, FL 32309			
Current Mailing Address:			
3133 IRONWOOD DR TALLAHASSEE, FL 32309 US			
FEI Number: 59-2346613			Certificate of Status Desired: No
Name and Address of Current Registered Agent:			
GALLAVAN, KELLY 3133 IRONWOOD DR TALLAHASSEE, FL 32309 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	E KELLY GALLAVAN		04/25/2017
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title		<b>T</b> '0.	
The	PRESIDENT	Title	ML
Name	PRESIDENT STROFFOLINO, DAVID	Name	ML FISHER, ANN
	-		
Name	STROFFOLINO, DAVID 3076 IRONWOOD DR	Name	FISHER, ANN
Name Address	STROFFOLINO, DAVID 3076 IRONWOOD DR	Name Address	FISHER, ANN 3064 IRONWOOD DR
Name Address City-State-Zip:	STROFFOLINO, DAVID 3076 IRONWOOD DR TALLAHASSEE FL 32309	Name Address City-State-Zip:	FISHER, ANN 3064 IRONWOOD DR TALLAHASSEE FL 32309
Name Address City-State-Zip: Title	STROFFOLINO, DAVID 3076 IRONWOOD DR TALLAHASSEE FL 32309 VP	Name Address City-State-Zip: Title	FISHER, ANN 3064 IRONWOOD DR TALLAHASSEE FL 32309 TREASURER
Name Address City-State-Zip: Title Name	STROFFOLINO, DAVID 3076 IRONWOOD DR TALLAHASSEE FL 32309 VP JORDAN, CLIFF 3028 IRONWOOD DR	Name Address City-State-Zip: Title Name Address	FISHER, ANN 3064 IRONWOOD DR TALLAHASSEE FL 32309 TREASURER GALLAVAN, KELLY
Name Address City-State-Zip: Title Name Address	STROFFOLINO, DAVID 3076 IRONWOOD DR TALLAHASSEE FL 32309 VP JORDAN, CLIFF 3028 IRONWOOD DR	Name Address City-State-Zip: Title Name Address	FISHER, ANN 3064 IRONWOOD DR TALLAHASSEE FL 32309 TREASURER GALLAVAN, KELLY 3088 IRONWOOD DR
Name Address City-State-Zip: Title Name Address City-State-Zip:	STROFFOLINO, DAVID 3076 IRONWOOD DR TALLAHASSEE FL 32309 VP JORDAN, CLIFF 3028 IRONWOOD DR TALLAHASSEE FL 32309	Name Address City-State-Zip: Title Name Address	FISHER, ANN 3064 IRONWOOD DR TALLAHASSEE FL 32309 TREASURER GALLAVAN, KELLY 3088 IRONWOOD DR

I hereby 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 all other like empowered.

SIGNATURE: KELLY GALLAVAN

City-State-Zip: TALLAHASSEE FL 32309

Electronic Signature of Signing Officer/Director Detail

TREASURER

04/25/2017

**Current Principal Place of Business:** 3133 IRONWOOD DR

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 759819**

## Entity Name: COUNTRY CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.

Date

Apr 25, 2017 Secretary of State CC4573433211

FILED