

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22435

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**2170824939CC**

**Entity Name:** THE VILLAGES AT COUNTRY CREEK I HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21131 COUNTRY CREEK DRIVE  
ESTERO, FL 33928

**Current Mailing Address:**

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

**FEI Number: 65-0040528**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ICON MANAGEMENT  
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: SIMON COULLS**

**04/24/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name OMMUNDSON, PETER  
Address 11691 GATEWAY BLVD SUITE 203  
City-State-Zip: FORT MYERS FL 33913

Title TREASURER  
Name DELP, BERT  
Address 11691 GATEWAY BLVD., SUITE 203  
City-State-Zip: FORT MYERS FL 33913

Title SECRETARY  
Name MALITA, GALE  
Address 11691 GATEWAY BLVD., SUITE 203  
City-State-Zip: FORT MYERS FL 33913

Title PRESIDENT  
Name BOOS, TOM  
Address 11691 GATEWAY BLVD., SUITE 203  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name COOK, BETTY  
Address 11691 GATEWAY BLVD.  
203  
City-State-Zip: FT. MYERS FL 33913

*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: BOOS TOM**

**PRESIDENT**

**04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date