2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90053 026 ****70.00

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1. Entity Name
COUNTRY VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
#1 COMMODORE PLACE PORT LABELLE, FL 33935	#1 COMMODORE PLACE PORT LABELLE, FL 33935

01162008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-2222482 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOUSIGNANT, BRIAN
ONE COMMODORE PLACE
LABELLE, FL 33935

7. Name and Address of New Registered Agent

Name SHONNA DOLL-LYNN
Street Address (P.O. Box Number is Not Acceptable) ONE COMMODORE PLACE
City LABELLE **FL** Zip Code 33935

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 X Shonna D. Lynn 1/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOUSIGNANT, BRIAN 2018 LIGHTHOUSE COURT LABELLE, FL 33935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER NEWMAN 2008 CLIPPER CIRCLE LABELLE, FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BJELLAND, DUANE 2005 LIGHTHOUSE LANE LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUANE BJELLAND 2005 LIGHTHOUSE LANE LABELLE, FL 33935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, TINE 2024 CLIPPER TERRACE LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TINA ANDREWS 2024 CLIPPER TERRACE LABELLE, FL 33935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LILLARD, LOUIS 2004 CLIPPER COURT LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID TIPPETT 2003 CLIPPER CIRCLE LABELLE, FL 33935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, FRANCIS 2009 SCHOONER DR LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOLL, SHONNA PO BOX 752/2003 CLIPPER TER LABELLE, FL 33975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHONNA DOLL-LYNN 2003 CLIPPER TERRACE LABELLE, FL 33935	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Louis P. Lillard Louis P. Lillard 1/22/08 863-675-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #