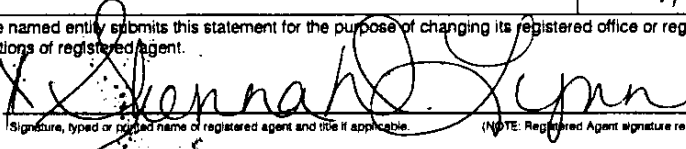
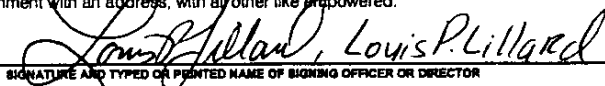


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90053 026 ****70.00

DOCUMENT # 744954 1. Entity Name COUNTRY VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business #1 COMMODORE PLACE PORT LABELLE, FL 33935			Mailing Address #1 COMMODORE PLACE PORT LABELLE, FL 33935		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2222482	
Zip		Country		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  DATE 1/29/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
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					
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	D 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOLL, SHONNA PO BOX 752/2003 CLIPPER TER LABELLE, FL 33935	☐ 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:  1/22/08 863-675-1501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					