

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744954

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** COUNTRY VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

#1 COMMODORE PLACE  
PORT LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

#1 COMMODORE PLACE  
PORT LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 59-2222482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOLL-LYMN, SHONNA  
ONE COMMODORE PLACE  
LABELLE, FL 33935 US

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

LYNN, SHONNA D MRS.  
ONE COMMODORE PLACE  
LABELLE, FL 33935 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: LOUIS P. LILLARD

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: 3 ( ) Delete  
Name: NEWMAN, PETER  
Address: 2008 CLIPPER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: D3 ( ) Delete  
Name: BJELLAND, DUANE  
Address: 2005 LIGHTHOUSE LANE  
City-St-Zip: LABELLE, FL 33935

Title: VD3 ( ) Delete  
Name: ANDREWS, TINA  
Address: 2024 CLIPPER TERRACE  
City-St-Zip: LABELLE, FL 33935

Title: TD ( ) Delete  
Name: LILLARD, LOUIS  
Address: 2004 CLIPPER COURT  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: WATSON, FRANCIS  
Address: 2009 SCHOONER DR  
City-St-Zip: LABELLE, FL 33935

Title: PD3 ( ) Delete  
Name: DOLL-LYMN, SHONNA  
Address: 2003 CLIPPER TERRACE  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NEWMAN, PETER  
Address: 2008 CLIPPER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: D (X) Change ( ) Addition  
Name: BJELLAND, DUANE  
Address: 2005 LIGHTHOUSE LANE  
City-St-Zip: LABELLE, FL 33935

Title: VSD (X) Change ( ) Addition  
Name: ANDREWS, TINA  
Address: 2024 CLIPPER TERRACE  
City-St-Zip: LABELLE, FL 33935

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: LYNN, SHONNA D  
Address: 2003 CLIPPER TERRACE  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS P. LILLARD

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date