2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744954

FILED Mar 14, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

#1 COMMODORE PLACE PORT LABELLE, FL 33935

Current Mailing Address: New Mailing Address:

#1 COMMODORE PLACE PORT LABELLE, FL 33935

FEI Number: 59-2222482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LUCKEY LAW FIRM P.L. 14 WASHINGTON STREET 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: TOUSIGNANT, BRIAN R MR.
Address: 2014 MAINSTAY STREET
City-St-Zip: LABELLE, FL 33935

Title:

Name: DAVIS, JIM MR.
Address: 2001 ANCHOR LANE
City-St-Zip: LABELLE, FL 33935

Title: DVP

Name: WARREN, DOUG B MR.
Address: 2016 MARINER COURT
City-St-Zip: LABELLE, FL 33935

Title: DT

Name: LILLARD, LOUIS P MR. Address: 2004 CLIPPER COURT City-St-Zip: LABELLE, FL 33935

Title: DP

 Name:
 LANDSTEINER, PAUL MR.

 Address:
 2041 SCHOONER DRIVE

 City-St-Zip:
 LABELLE, FL 33935

Title: DTS

Name: DORAN, BARBARA MRS. Address: 2004 CLIPPER CIRCLE City-St-Zip: LABELLE, FL 33935

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: LOUIS P. LILLARD DT 03/14/2012