

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755344

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** COUNTRY VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

18590 NW 67 AVE  
#200 B  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18590 NW 67 AVE  
#200 B  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 65-0042412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RELIABLE PROPERTY MANAGEMENT SERVICES INC.  
18590 NW 67 AVE  
STE 200-B  
MIAMI, FL 33015 US

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

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: P  
Name: WILCOX, DANIEL  
Address: 18590 NW 67TH AVENUE, SUITE 200B  
City-St-Zip: MIAMI, FL 33015

Title: VP  
Name: DEANGULO, VIRGINIA  
Address: 18590 NW 67TH AVENUE, SUITE 200B  
City-St-Zip: MIAMI, FL 33015

Title: T/S  
Name: FRANKLIN, SHARON  
Address: 18590 NW 67TH AVENUE, SUITE 200B  
City-St-Zip: MIAMI, FL 33015

Title: D  
Name: TAYLOR, BARBARA  
Address: 18590 NW 67TH AVENUE, SUITE 200B  
City-St-Zip: MIAMI, FL 33015

Title: D  
Name: DUNBAR, CARLIE  
Address: 18590 NW 67TH AVENUE, SUITE 200B  
City-St-Zip: MIAMI, FL 33015

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: DANIEL WILCOX

PRES

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date