

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005462

FILED  
Jan 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2252 HOLLOWRIDGE DR  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

2322 SANDLEWOOD LANE  
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number:** 65-1244996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOREEN, W. RICHARD  
800 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701 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: PD  
Name: GUSTAFSON, LESLEE  
Address: 2322 SANDLEWOOD LANE  
City-St-Zip: ORANGE CITY, FL 32763

Title: VD  
Name: HOLLOWAY, JERRY  
Address: 2017 ABBEYVIEW DR  
City-St-Zip: ORANGE CITY, FL 32763

Title: SD  
Name: STEMM, JEAN  
Address: 2443 HARCOURT TERR  
City-St-Zip: ORANGE CITY, FL 32763

Title: TD  
Name: GUSTAFSON, LESLEE  
Address: 2322 SANDLEWOOD LANE  
City-St-Zip: ORANGE CITY, FL 32763

Title: D  
Name: LAYTON, BILL  
Address: 2407 SANDLEWOOD LANE  
City-St-Zip: ORANGE CITY, FL 32763

Title: D  
Name: BELEW, CLAUDE  
Address: 634 PINEVIEW DR  
City-St-Zip: ORANGE CITY, FL 32763

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: LESLEE GUSTAFSON

PD

01/08/2010

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

\_\_\_\_\_  
Date