



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90153 034 ****61.25

DOCUMENT # N09864 1. Entity Name COUNTRY VILLA ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1932 AMBERWOOD DR. RIVERVIEW FL 33569			Mailing Address 1932 AMBERWOOD DR. RIVERVIEW FL 33569 US		
2. Principal Place of Business 1800 AMBERWOOD DR Suite, Apt. #, etc. RIVERVIEW City & State		3. Mailing Address 1800 AMBERWOOD DR Suite, Apt. #, etc. RIVERVIEW City & State		20057882  1st MOORE CR2E037 (10/04)	
Zip 33569 Country Hillsborough		Zip 33569 Country Hillsborough		4. FEI Number 59-2988250 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KIRKBY, BETTY 1932 AMBERWOOD DR. RIVERVIEW FL 33569	
7. Name and Address of New Registered Agent Name ELBERT RHEY Street Address (P.O. Box Number is Not Acceptable) 1938 AMBERWOOD DR City RIVERVIEW FL 33569				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 Elbert H Rhey Pres. DATE 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHEY, ELBERT 1938 AMBERWOOD DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rhey, Elbert 1938 AMBERWOOD DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEA, WALTER 1801 AMBERWOOD DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEA WALTER 1801 AMBERWOOD DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKBY, BETTY 1932 AMBERWOOD DR. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES LOIS 1967 AMBERWOOD DR RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DROPTINY, GAIL 3513 WOODCREST DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DROPTINY GAIL 3513 WOODCREST DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MURRAY, IRENE 1834 AMBERWOOD DR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MURRAY, IRENE 1834 AMBERWOOD DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RHEY, DORIS 1938 AMBERWOOD DR RIVERVIEW FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Rhey Doris 1938 AMBERWOOD DR RIVERVIEW FL 33569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elbert H Rhey DATE 4/22/05 DAYTIME PHONE # 813-653-0983 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT
200578.82

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COUNTRY VILLA ESTATES HOMEOWNERS ASSOCIATION, INC.

#11

Addition:

Title: TD
Name: Ann Patricia Rumer
Street: 1956 Amberwood Drive
City/St/Zip Riverview, FL 33569