2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90008 036 ****61.25

DOCUMENT # N09864

1. Entity Name
COUNTRY VILLA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 AMBERWOOD DRIVE RIVERVIEW, FL 33569	1800 AMBERWOOD DRIVE RIVERVIEW, FL 33569 US

01292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2988250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RHEY, ELBERT
1938 AMBERWOOD DR.
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: CROSBY, HELEN F.
Street Address (P.O. Box Number is Not Acceptable): 1909 AMBERWOOD DRIVE
City: RIVERVIEW FL Zip Code: 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RHEY, ELBERT 1938 AMEBRWOOD DR. RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CROSBY, HELEN F. 1909 AMBERWOOD DR. RIVERVIEW, FL 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEA, WALTER 1801 AMEBRWOOD DR. RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VANDEGRIFT, BETTY 1903 AMBERWOOD DR. RIVERVIEW, FL 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNES, LOIS 1987 AMBERWOOD DRIVE RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE, VICKI 1815 AMBERWOOD DR. RIVERVIEW, FL 33569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DROPTINY, GAIL 3513 WOODCREST DR. RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DROPTINY, GAIL 3513 WOODCREST DR. RIVERVIEW, FL 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP HAMM, ELAINE 1937 AMBERWOOD DR RIVERVIEW, FL 33568	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMM, ELAINE 1937 AMBERWOOD DR. RIVERVIEW, FL 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RHEY, DORIS 1938 AMBERWOOD DR RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRELL, DORIS 1907 AMBERWOOD DR. RIVERVIEW, FL 33569	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Helen F Crosby - President 3-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR — Date — Daytime Phone #

(We have a total of 7 active Directors)