


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 014 ****61.25

DOCUMENT # N09864 1. Entity Name COUNTRY VILLA ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1800 AMBERWOOD DRIVE RIVERVIEW, FL 33569			Mailing Address 1800 AMBERWOOD DRIVE RIVERVIEW, FL 33569 US		
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSBY, HELEN 1909 AMBERWOOD DR RIVERVIEW, FL 33569 33578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSBY, HELEN F 1909 AMBERWOOD DR RIVERVIEW, FL 33569 33578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, VICKI 1815 AMBERWOOD DRIVE RIVERVIEW, FL 33578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDEGRIFT, BETTY 1903 AMBERWOOD DR RIVERVIEW, FL 33569 33578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAID, SHIRLEY 1799 AMBERWOOD DRIVE RIVERVIEW, FL 33578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, LOIS 1967 AMBERWOOD DRIVE RIVERVIEW, FL 33569		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROPTINY, GAIL 3513 WOODCREST DR. RIVERVIEW, FL 33569 33578		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, ELAINE 1937 AMBERWOOD DR RIVERVIEW, FL 33568 33578		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRELL, DORIS 1907 AMBERWOOD DR RIVERVIEW, FL 33569 33578		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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: <i>Betty Vandegrift</i> Vice President 3-3-08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					