

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18960

FILED
May 03, 2005
Secretary of State

Entity Name: COUNTRY VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 FOURTH AVE.
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 474
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 51-4408802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWMAN, JR, RAYMOND F
348 MIRACLE STRIP PARKWAY SW
STE 7
FORT WALTON BEACH, FL 32548 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: VCB () Delete
Name: BURT, SANDRA
Address: 106 4TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: CD () Delete
Name: KIDNEY, DONNA
Address: 118 4TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: STD () Delete
Name: HOLLARN, SHERYL
Address: 116 4TH AVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHERYL HOLLARN

STD

05/03/2005

Electronic Signature of Signing Officer or Director

Date