2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22435

FILED Apr 24, 2009 Secretary of State

Entity Name: THE VILLAGES AT COUNTRY CREEK I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

21131 COUNTRY CREEK DRIVE ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

11691 GATEWAY BLVD. SUITE 203

FT. MYERS, FL 33913 US

FEI Number: 65-0040528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SARVER, HELEN I

11691 GATEWAY BLVD.

SUITE 203

FT. MYERS, FL 33913 US

S&S GOLF MANAGEMENT, INC.

11691 GATEWAY BLVD.

SUITE 203

FT. MYERS, FL 33913 US

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: REBECCA SARVER 04/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HARDISTY, JAMES Name: BAKER, MARY ANN Name: 21143 BUTCHERS HOLLER Address: 21131 COUNTRY CREEK DRIVE Address: City-St-Zip: FORT MYERS, FL 33928 City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: () Change () Addition PISCITELLO, ERNIE Name: Name: Address: 20802 BLACKSMITH FORGE Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: () Delete Title: () Change () Addition OMMUNDSON, CAROL Name: Name: 20950 ANDIRON PLACE Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 PAGE, FLOYD
 Name:

 Address:
 11691 GATEWAY BLVD., SUITE 203
 Address:

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 SYMANSKI, RANDY
 Name:

 Address:
 20821 ANDIRON PLACE
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROL OMMUNDSON P 04/24/2009