2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State
02-13-2008 90030 045 ****70.00

DOCUMENT # N49239

1. Entity Name
COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 560 SAFETY HARBOR, FL 34695-0560 US	PO BOX 560 SAFETY HARBOR, FL 34695-0560 US

01152008 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 59-3005259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAMIANAKIS, ANTHONE P.A. 111 MC MULLEN BOOTH ROAD CLEARWATER, FL 33759	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008

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	DV HAWKS, GARY 107 MEADOWCROSS DR. SAFETY HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTIN, KRISTEN 201 HILL CREST DRIVE SAFETY HARBOR, FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Lisa Lamppert 203 Nestlebranch Dr. Safety Harbor FL 34695	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLATT, PAUL 204 NESTLE BRANCH RD SAFETY HARBOR, FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Mark Waters 211 Hillcrest Drive Safety Harbor FL 34695	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORZENTI, MARY 111 PEACOCK DRIVE SAFETY HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Lisa Lamppert Lisa Lamppert 2/10/08 727-669-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #