2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# N49239

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

Current Principal Place of Business:

PO BOX 560
SAFETY HARBOR, FL 346950560 US

New Principal Place of Business:

101 COUNTRYVILLAS DRIVE
SAFETY HARBOR, FL 346950560 US

Current Mailing Address:

PO BOX 560
SAFETY HARBOR, FL 346950560 US

New Mailing Address:

FEI Number: 59-3005259 **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:

DAMIANAKIS, ANTHONE P.A.
111 MC MULLEN BOOTH ROAD
CLEARWATER, FL 33759 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: DV ( ) Delete
Name: HAWKS, GARY
Address: 107 MEADOWCROSS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT ( ) Delete
Name: LAMPPERT, LISA
Address: 203 NESTLE BRANCH DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DP ( ) Delete
Name: WATERS, MARK
Address: 211 HILLCREST DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DS ( ) Delete
Name: MORZENTI, MARY
Address: 111 PEACOCK DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: LAMPPERT, LISA
Address: 203 NESTLEBRANCH DR
City-St-Zip: SAFETY HARBOR, FL 34695

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 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: LISA LAMPPERT DT 06/18/2009

Electronic Signature of Signing Officer or Director — Date