2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2010
Secretary of State

DOCUMENT# N49239

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

Current Principal Place of Business:

101 COUNTRYVILLAS DRIVE
SAFETY HARBOR, FL 346950560 US

New Principal Place of Business:

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 ( )**

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: DP
Name: WALKER, RON
Address: 209 NESTLEBRANCH DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DV
Name: WYMAN, PATTY
Address: 214 HILLCREST DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT
Name: LAMPPERT, LISA
Address: 203 NESTLEBRANCH DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

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

I hereby 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 all other like empowered.

SIGNATURE: LISA LAMPPERT DT 04/08/2010

Electronic Signature of Signing Officer or Director — Date