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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005474 (0)**

1. Corporation Name

THE VILLAS AT COUNTRY CREEK II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912	10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912-5406

2. Principal Place of Business	2a. Mailing Address
21 **c/o Gulf Coast Management Services** 22 **10060 Amberwood Road, Suite 3** **Fort Myers, Florida 33913** 23	26 **c/o Gulf Coast Management Services** 27 **10060 Amberwood Road, Suite 3** **Fort Myers, Florida 33913** 28
24 |25|	|29| |30|

3. Date Incorporated or Qualified: **11/16/1995**
3a. Date of Last Report: **05/21/1996**

4. FEI Number: APPLIED FOR 65-0656750 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUSHNER, STEVEN 1375 JACKSON STREET SUITE 202 FORT MYERS FL 33901	81 Name: Robert E. Geller 82 Street Address (P.O. Box Number is Not ...) 83 **c/o Gulf Coast Management Services** **10060 Amberwood Road, Suite 3** 84 City: **Fort Myers, Florida 33913** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert E. Geller — Robert E. Geller — 4/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFRIES, CAROLYN 10491 SIX MILE CYPRESS PKWY, STE 101 FT MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Thomas, William 20552 Candlewood Hollow Estero, FL. 33928	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMURRAY, DARIN 10491 SIX MILE CYPRESS PARKWAY, SUITE 101 FORT MYERS FL 33912	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP Falber, George 20556 Candlewood Hollow Estero, FL. 33928	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, ALAN R 10491 SIX MILE CYPRESS PARKWAY, SUITE 101 FORT MYERS FL 33912	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DST Canty, John 20559 Candlewood Hollow Estero, FL. 33928	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Wardorf, Thomas 20562 Candlewood Hollow Estero, FL. 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Napier, William 20536 Candlewood Hollow Estero, FL. 33928	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William S. Thomas — WILLIAM S. THOMAS REQUIRED — 2-26-97 — (941) 498-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0058659