

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90018 036 \*\*\*\*61.25

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N95000005474                                                          |  |
| 1. Entity Name<br>THE VILLAS AT COUNTRY CREEK II HOMEOWNERS<br>ASSOCIATION, INC. |                                                                                   |

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br>CAPITAL PROP, GROUP<br>3364 CLEVELAND AVE.<br>FORT MYERS, FL 33901 US | Mailing Address<br>CAPITAL PROP, GROUP<br>3364 CLEVELAND AVE.<br>FORT MYERS, FL 33901 US |
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01052005 No Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0656750 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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|                                                                                                                                      |
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| 6. Name and Address of Current Registered Agent<br><br>CAPITAL PROPERTIES GROUP, INC.<br>3364 CLEVELAND AVE.<br>FORT MYERS, FL 33901 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

|                                             |                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BLOMBERG, CAROLE<br>20672 CANDLEWOOD HOLLOW<br>ESTERO, FL 33928                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WALDERA, CLARENCE<br>20648 CANDLEWOOD HOLLOW<br>ESTERO, FL 33928                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>POALSON, DALE<br>20640 CANDLEWOOD HOLLOW<br>ESTERO, FL 33928                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POLINO, LUCIE <i>Elolan Fredericks</i><br>20686 CANDLEWOOD HOLLOW 20626 <i>Candlewood Hollow</i><br>ESTERO, FL 33928 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NELSEN, JOHN<br>20668 CANDLEWOOD HOLLOW<br>ESTERO, FL 33928                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                           |

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IN THIS SPACE**

12. I 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 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: <i>John P. Nelsen</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date<br>2/1/05 | Daytime Phone # |
|--------------------------------------------------------------------------------------------------------|----------------|-----------------|