

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90036 041 ****61.25

DOCUMENT # N95000005474

1. Entity Name
**THE VILLAS AT COUNTRY CREEK II HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**CAPITAL PROP, GROUP
3364 CLEVELAND AVE.
FORT MYERS, FL 33901 US**

Mailing Address
**CAPITAL PROP, GROUP
3364 CLEVELAND AVE.
FORT MYERS, FL 33901 US**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0656750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVE.
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BLOMBERG, CAROLE
20672 CANDLEWOOD HOLLOW
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WALDERA, CLARENCE
20648 CANDLEWOOD HOLLOW
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
POALSON, DALE
20640 CANDLEWOOD HOLLOW
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREDERICKS, ELDON
20626 CANDLEWOOD HOLLOW
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NELSEN, JOHN
20668 CANDLEWOOD HOLLOW
ESTERO, FL 33928**

TITLE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/06 (289) 9460-6281
Date Daytime Phone #