

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005474

FILED
Mar 11, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0656750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVE.
FORT MYERS, FL 33901 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: VP () Delete
Name: BLOMBERG, CAROLE
Address: 20672 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

Title: T () Delete
Name: WALDERA, CLARENCE
Address: 20648 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

Title: DS () Delete
Name: POALSON, DALE
Address: 20640 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: FREDERICKS, ELTON
Address: 20626 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: NELSEN, JOHN
Address: 20668 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLOMBERG, CAROLE
Address: 20672 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

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

Title: S (X) Change () Addition
Name: QUINN, RICHARD
Address: 20650 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

Title: VP (X) Change () Addition
Name: ASHLEY, DALE
Address: 20660 CANDLEWOOD HOLLOW
City-St-Zip: ESTERO, FL 33928

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: JOHN NELSEN

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date