2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90071 018 ****61.25

DOCUMENT # N95000005474

1. Entity Name

THE VILLAS AT COUNTRY CREEK II HOMEOWNERS ASSOCIATION, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE, SUITE 100 FORT MYERS FL 33908 US	MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE, SUITE 100 FORT MYERS FL 33908 US

2. Principal Place of Business	3. Mailing Address
CAPITAL PROP. GROUP	CAPITAL PROP. GROUP
Suite, Apt. #, etc.: 3364 CLEVELAND AVE	Suite, Apt. #, etc.: 3364 CLEVELAND AVE
City & State: FT. MYERS, FL	City & State: FT. MYERS, FL
Zip: 33901 Country: USA	Zip: 33901 Country: USA

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	7. Name and Address of New Registered Agent
MARQUIS MANAGEMENT, INC. 9400 GLADIOLUS DRIVE SUITE 100 FORT MYERS FL 33908	Name: CAPITAL PROPERTIES GROUP, INC Street Address (P.O. Box Number is Not Acceptable): 3364 CLEVELAND AVE City: FT. MYERS, FL Zip Code: 33901

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], KENNETH D. RAGER

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORGAN, JAMES 20676 CANDLEWOOD HOLLOW ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALDERA, CLARENCE 20648 CANDLEWOOD HOLLOW ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEUREN, ISHAM VAN 20650 CANDLEWOOD HOLLOW ESTERO FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DALE POALSON 20640 CANDLEWOOD HOLLOW ESTERO, FL 33928 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALBER, GEORGE 20658 CANDLEWOOD HOLLOW ESTERO FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCILE POLING 20686 CANDLEWOOD HOLLOW ESTERO, FL 33928 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, JOHN 20668 CANDLEWOOD HOLLOW ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 2-27-03 239-949-6981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR