2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000353

FILED May 02, 2007 Secretary of State

Entity Name: THE VILLAGES AT COUNTRY CREEK III HOMEOWNERS ASSOCIATION, INC.

Current Pri	incipal Place of Business:	New Princi	ipal Place of Business:
21131 COUNTRY CREEK DR. ESTERO, FL 33928			
Current Mailing Address:		New Mailing Address:	
11691 GATEWAY BLVD. SUITE 203 FORT MYERS, FL 33913			
FEI Number: 65-0637809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of New Registered Agent:			
S & S GOLF MANAGEMENT, INC 11691 GATEWAY BLVD. SUITE 203 FORT MYERS, FL 33913 US			
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:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete AMES, PHIL 9181 COACH HOUSE LANE ESTERO, FL 33928	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () Delete HINTZ, BOB 9283 COACH HOUSE LANE ESTERO, FL 33928	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	STD () Delete SIEBERT, BARBARA 20811 RIVERS FORD ESTERO, FL 33928	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete HAHN, RON 9201 COACH HOUSE LANE ESTERO, FL 33928	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KOLB, STEVE 11691 GATEWAY BLVD., SUITE 203 FORT MYERS, FL 33913
Title: Name: Address: City-St-Zip:	D () Delete SCHMITT, HERB 20961 RIVERS FORD ESTERO, FL 33928	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LITZEN, DON 11691 GATEWAY BLVD., SUITE 203 FORT MYERS, FL 33913

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: PHIL AMES PD 05/02/2007