2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000353

FILED Mar 13, 2008 Secretary of State

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

Current Principal Place of Business: New Principal 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 () Name and Address of Current 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: () Delete (X) Change () Addition AMES, PHIL AMES, PHILIP Name: Name: 9181 COACH HOUSE LANE Address: 9181 COACH HOUSE LANE Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 Title: VPD Title: (X) Change () Addition () Delete HINTZ, BOB Name: KOLB, STEVE Name: Address: 9283 COACH HOUSE LANE Address: 9273 LANTHORN WAY City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 Title: STD () Delete Title: () Change () Addition SIEBERT, BARBARA Name: Name: 20811 RIVERS FORD Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: KOLB, STEVE Name: HOLLAND, JOHN 11691 GATEWAY BLVD., SUITE 203 Address: Address: 9221 COACH HOUSE LANE City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: ESTERO, FL 33928 Title: () Delete Title: () Change () Addition LITZEN, DON Name: Name: 11691 GATEWAY BLVD., SUITE 203 Address: Address: FORT MYERS, FL 33913 City-St-Zip: 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: PHILIP AMES P 03/13/2008