

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90035 030 \*\*\*\*61.25

**DOCUMENT # N96000000662**



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

Principal Place of Business  
**C/O CORNERSTONE ASSOCIATION MGMT, INC.  
2137 DAVIS BLVD.  
FORT MYERS, FL 33905 US**

Mailing Address  
**C/O CORNERSTONE ASSOCIATION MGMT, INC.  
2137 DAVIS BLVD.  
FORT MYERS, FL 33905 US**



2. Principal Place of Business  
**8359 BEACON BLVD**

3. Mailing Address  
**8359 BEACON BLVD**

Suite, Apt. #, etc.  
**#409**

Suite, Apt. #, etc.  
**#409**

City & State

City & State

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0687432**

Applied For  
Not Applicable

Zip  
**33907**

Country

Zip  
**33907**

Country

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

## 6. Name and Address of Current Registered Agent

**NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MGMT, INC.  
2137 DAVIS BLVD.  
FORT MYERS, FL 33905**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**8359 BEACON BLVD, #409**

City

**FL**

Zip Code  
**33907**

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

*Sherry Nassoiy*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

TITLE **TD** ☒ Delete  
NAME **BOSTWICK, LINDA**  
STREET ADDRESS **20624 COUNTRY BARN DR.**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **D** ☐ Delete  
NAME **MELIOUS, NORM**  
STREET ADDRESS **20623 COUNTRY BARN DR.**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **VPD** ☐ Delete  
NAME **RINTAMANA, JOHN**  
STREET ADDRESS **20625 COUNTRY BURN DRIVE**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **PD** ☐ Delete  
NAME **HAWKINS, DON**  
STREET ADDRESS **20611 COUNTRY BARN DR.**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **SD** ☐ Delete  
NAME **ALEXANDER, FRANK**  
STREET ADDRESS **206347 CANDLEWOOD HOLLOW**  
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **20625 COUNTRY BARN DRIVE**  
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **LEVENBAUM, JAMES**  
STREET ADDRESS **20615 COUNTRY BARN DR**  
CITY-ST-ZIP **ESTERO FL 33928**

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:

*Don Hawkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/05**

Date

Daytime Phone #