

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90118 004 ****61.25

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1. Entity Name

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



Principal Place of Business

**8359 BEACON BLVD #409
FORT MYERS FL 33907
US**

Mailing Address

**8359 BEACON BLVD #409
FORT MYERS FL 33907
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0687432

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

**NASSOIJ, SHERRY
8359 BEACON BLVD #409
FORT MYERS FL 33907**

Name

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

City

FL

Zip Code

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, 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
Due By May 1, 2006**

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **TD ARVERD LACHOWITZER**
STREET ADDRESS **20630 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 authority like empowered.

SIGNATURE