


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90048 006 \*\*\*\*61.25

<b>DOCUMENT # N96000000662</b> 1. Entity Name <b>THE VILLAS AT COUNTRY CREEK III HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>8359 BEACON BLVD #409 FORT MYERS FL 33907 US</b>		Mailing Address <b>8359 BEACON BLVD #409 FORT MYERS FL 33907 US</b>	
2. Principal Place of Business - No P.O. Box # <b>8359 BEACON BLVD</b>		3. Mailing Address <b>8359 BEACON BLVD</b>	
Suite, Apt. #, etc. <b># 417</b>		Suite, Apt. #, etc. <b># 417</b>	
City & State <b>FORT MYERS, FL</b>		City & State <b>FORT MYERS, FL</b>	
Zip <b>33907</b>	Country <b>US</b>	Zip <b>33907</b>	Country <b>US</b>
4. FEI Number <b>65-0687432</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NASSOIY, SHERRY 8359 BEACON BLVD #409 FORT MYERS FL 33907</b>		7. Name and Address of New Registered Agent Name <b>NASSOIY, SHERRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8359 BEACON BLVD # 417</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VD MELIOUS, NORM 20623 COUNTRY BARN DR. ESTERO FL 33928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D John Stewart 20617 Candlewood Hollow Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PD RINTAMANA, JOHN 20625 COUNTRY BARN DRIVE ESTERO FL 33928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>TD LACHOWITZER, ARVERD 20630 COUNTRY BARN DR ESTERO FL 33928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>SD ALEXANDER, FRANK 206347 CANDLEWOOD HOLLOW ESTERO FL 33928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D LEVENBAUM, JAMES 20615 COUNTRY BARN DR ESTERO FL 33928</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/29/07 239-947-5940</b> <small>Date Daytime Phone #</small>	