


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90077 034 ****61.25

DOCUMENT # N96000004463 1. Entity Name THE VILLAS AT COUNTRY CREEK IV HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business CAPITAL PROPERTIES 6 3364 CLEVELAND FORT MYERS, FL 33901 US	Mailing Address CAPITAL PROPERTIES 6 3364 CLEVELAND FORT MYERS, FL 33901 US
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20017717



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0693866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAGER, KENNETH D 3364 CLEVELAND AVE FORT MYERS, FL 33901
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**DO NOT WRITE
IN THIS SPACE**

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FIELDSTAD, ED 20557 CANDLEWOOD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATTERSON, ROBERT 20571 CANDLEWOOD HOLLOW ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P -TWOMEY, WILLIAM 20596 CANDLEWOOD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT NEWTON, ALBERT (SID) 20575 CANDLEWOOD HOLLOW ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOGAN, JACK 20605 CANDLEWOOD HOLLOW ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT CURTIS 20561 CANDLEWOOD HOLLOW ESTERO, FL 33928

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Twomey (William Twomey) 2/21/05 (239)