



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90031 023 \*\*\*\*61.25

<b>DOCUMENT # N96000004463</b>					
<b>1. Entity Name</b> THE VILLAS AT COUNTRY CREEK IV HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> CAPITAL PROPERTIES 6 3364 CLEVELAND FORT MYERS, FL 33901 US			<b>Mailing Address</b> CAPITAL PROPERTIES 6 3364 CLEVELAND FORT MYERS, FL 33901 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 65-0693866	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RAGER, KENNETH D 3364 CLEVELAND AVE FORT MYERS, FL 33901				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S FIELDSTAD, ED 20557 CANDLEWOOD ESTERO, FL 33928 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V. PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, ROBERT 20571 CANDLEWOOD HOLLOW ESTERO, FL 33928 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P TWOMEY, WILLIAM 20596 CANDLEWOOD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP NEWTON, ALBERT (SID) 20575 CANDLEWOOD HOLLOW ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T CURTIS, ROBERT 20561 CANDLEWOOD HOLLOW ESTERO, FL 33928 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREAS. HIRT, DONALD 20570 CANDLEWOOD HOLLOW ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>					
<b>SIGNATURE:</b> <u>Edmund E. Fieldstad (ED FIELDSTAD)</u> <u>3/10/07</u> <u>(239) 481-1444</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					