

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90033 024 \*\*\*\*61.25

**DOCUMENT # N97000006324**

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



Principal Place of Business  
**C/O CAPITAL PROPERTIES GROUP INC  
3364 CLEVELAND AVENUE  
FORT MYERS, FL 33901**

Mailing Address  
**C/O CAPITAL PROPERTIES GROUP INC  
3364 CLEVELAND AVENUE  
FORT MYERS, FL 33901**

**60007403**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0797070**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAGER, KENNETH O  
C/O CAPITAL PROPERTIES GRP., INC.  
3364 CLEVELAND AVE.  
FORT MYERS, FL 33901**

**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, 2006**

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  
**PD  
STARRS, CHARLIE  
20581 COUNTRY CREEK DRIVE  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WHITAKER, JOSEPHINE  
~~9705 WILLOW WAY~~  
~~ESTERO, FL 33928~~**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REIF, DONALD  
9711 WILLOW WAY  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GANLEY, TOM  
9745 WILLOW WAY  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
EBLE, WILLIAM  
20591 COUNTRY CREEK DR.  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #