2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006324

FILED Mar 03, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVENUE FORT MYERS, FL 33901 **New Mailing Address: Current Mailing Address:** C/O CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVENUE FORT MYERS, FL 33901 FEI Number: 65-0797070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAGER, KENNETH O RAGER, KENNETH D C/O CAPITAL PROPERTIES GRP., INC. C/O CAPITAL PROPERTIES GRP., INC. 3364 CLEVELAND AVE 3364 CLEVELAND AVE FORT MYERS, FL 33901 US FORT MYERS, FL 33901 US 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. SIGNATURE: KENNETH D. RAGER 03/03/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition REIF, DONALD Name: Name: 9711 WILLOW WAY Address: Address: ESTERO, FL 33928 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GANLEY, TOM Name: Name: Address: 9745 WILLOW WAY Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: () Delete Title: () Change () Addition EBLE, WILLIAM Name: Name: 20591 COUNTRY CREEK DR. Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FICHTER, VIRGINIA Name: Address: 9747 WILLOW WAY Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: (X) Delete Title: () Change () Addition PRUENTE, FRANK Name: Name: 9749 WILLOW WAY Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM EBLE P 03/03/2009