

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49239

Entity Name: COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 COUNTRYVILLAS DRIVE
SAFETY HARBOR, FL 34695-0560

Current Mailing Address:

PO BOX 560
SAFETY HARBOR, FL 34695-0560 US

FEI Number: 59-3005259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAMIANAKIS, ANTHON P.A.
111 MC MULLEN BOOTH ROAD
CLEARWATER, FL 33759 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name STEVENS, ERNEST JIV
Address 110 TIMBERVIEW DR
City-State-Zip: SAFETY HARBOR FL 34695

Title DV
Name THOMAS, BENJAMIN
Address 104 NESTLEBRANCH DR
City-State-Zip: SAFETY HARBOR FL 34695

Title DT
Name STEVENS, CLARE W
Address 110 TIMBERVIEW DR
City-State-Zip: SAFETY HARBOR FL 34695

Title DS
Name THOMAS, KRISTIN
Address 104 NESTLEBRANCH DR
City-State-Zip: SAFETY HARBOR FL 34695

I hereby 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 all other like empowered.

SIGNATURE: CLARE STEVENS

TREASURER

01/18/2014

Electronic Signature of Signing Officer/Director Detail

Date