

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:12

DOCUMENT # 766398

(2)

1. Corporation Name

COUNTRY CREEK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O TIM LEE
PO BOX 20623
SARASOTA FL 34276

C/O TIM LEE
PO BOX 20623
SARASOTA FL 34276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1983

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2313593

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAINONE, ADELE
4584 SATINLEAF LANE
SARASOTA FL 34241

81 Name

GARY LAUBACKER

82 Street Address (P.O. Box Number is Not Acceptable)

83 4622 BAYCEDAR LN

84 City

SARASOTA

FL

85 Zip Code

34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

GARY LAUBACKER

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TD

NAME

LAUBACKER, GARY
4622 BAYCEDAR LANE
SARASOTA FL

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

PD

NAME

RAINONE, ADELE
4584 SATINLEAF LN.
SARASOTA FL 34241

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

PRESIDENT PD ☒ Change ☐ Addition

TIM LEE ☒ Change ☐ Addition

4448 BAYCEDAR LN ☒ Change ☐ Addition

SARASOTA FL 34241 ☒ Change ☐ Addition

TITLE

SD

NAME

IGNASIAK, SUE
4482 BACCHARIS WAY
SARASOTA FL 34241

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

CAROL DUGGAN - Secretary ☒ Change ☐ Addition

4510 SATINLEAF DR ☒ Change ☐ Addition

SARASOTA FL 34241 ☒ Change ☐ Addition

TITLE

VD

NAME

CULVER, CAROLE
4658 BAYCEDAR LN.
SARASOTA FL 34241

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VICE PRESIDENT ☒ Change ☐ Addition

TONY RATENI ☒ Change ☐ Addition

4588 BAYCEDAR LN ☒ Change ☐ Addition

SARASOTA FL 34241 ☒ Change ☐ Addition

TITLE

VD

NAME

RHEINLANDER, TOMMY
4437 BAYCEDAR LANE
SARASOTA FL

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

VICE PRESIDENT ☒ Change ☐ Addition

TOM SHELTER ☒ Change ☐ Addition

4510 BAYCEDAR LN ☒ Change ☐ Addition

SARASOTA FL 34241 ☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in my attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY LAUBACKER

4/17/95 (813) 921-5739