
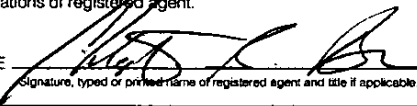



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90006 012 ****61.25

DOCUMENT # 766398					
1. Entity Name COUNTRY CREEK PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 20623 SARASOTA, FL 34276			Mailing Address P.O. BOX 20623 SARASOTA, FL 34276		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASTELLAND, JOSEPH 4547 SATIN LEAF LANE SARASOTA, FL 34241				Name <u>Christopher G. Braun</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>4584 SATIN LEAF LN</u>	
				City <u>SARASOTA</u> FL Zip Code <u>34241</u>	
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 				DATE <u>2/6/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCADANTE, EUGENTE		NAME		
STREET ADDRESS	4400 BAYCEDAR LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLETZKE, JEFF		NAME		
STREET ADDRESS	4544 CHERRY BARK CT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, COLLEEN		NAME		
STREET ADDRESS	4793 BAYCEADR LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHMAN, KAREN		NAME		
STREET ADDRESS	4622 BAYCEADR LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO, JOSEPH		NAME		
STREET ADDRESS	4547 SATIN LEAF LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Christopher G. Braun	
STREET ADDRESS			STREET ADDRESS	4584 SATIN LEAF LN	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34241	
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 another like empowered.					
SIGNATURE: 				DATE: <u>2/6/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR				Daytime Phone #	