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

APPROVED AND FILED

95 APR -6 AM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24918** **(7)**

1. Corporation Name

COUNTRY CREEK VII HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1890 S. 14TH ST., STE. 105 P.O. BOX 1408 FERNANDINA BCH FL 32034	1890 S. 14TH ST., STE. 105 P.O. BOX 1408 FERNANDINA BCH FL 32034

3. Date Incorporated or Qualified: 02/19/1988
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2469047 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2215 East SR 200	26 P O Box 1408
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Yulee FL	28 City & State: Fernandina Beach FL
24 Zip: 32097 — 25 Country: US	29 Zip: 32035-1408 — 30 Country: US

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, TERRELL J. 1890 S. 14TH ST. SUITE 105 FERNANDINA BEACH FL 32034	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 2215 East SR 200 03 04 City: Yulee FL 05 Zip Code: 32097

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~O'CONNER, VINCE~~	12 NAME	CARTER, STEPHANY	
STREET ADDRESS	~~1402 ROSE HILL DR.~~	13 STREET ADDRESS	8869 Cherry Hill Drive	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP	Jacksonville FL	
TITLE	VPD	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~FOGGER, RHONDA~~	22 NAME	MATTISON, LYNETTE	
STREET ADDRESS	~~8902 CHERRY HILL DR.~~	23 STREET ADDRESS	1526 Rose Hill Drive W	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	24 CITY-ST-ZIP	Jacksonville FL	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	CARTER, STEPHANIE	32 NAME	TIBBETTS, BOB	
STREET ADDRESS	~~8869~~ CHERRY HILL DR.	33 STREET ADDRESS	1376 Cloverdale Lane	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~HOLLAND, JEFF~~	42 NAME	DELETE	
STREET ADDRESS	~~1542 ROSE HILL DR W.~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	~~FAULKNER, TERRY~~	52 NAME	LEWIS, BELINDA	
STREET ADDRESS	~~8832 ROSE HILL DR NO~~	53 STREET ADDRESS	1380 Mayberry Lane	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	54 CITY-ST-ZIP	Jacksonville FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: X Stephany Carter STEPHANY CARTER 3/20/95 (904) 741-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000087