


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24918 (7)**  
 1. Corporation Name  
**COUNTRY CREEK VII HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 2215 EAST SR 200 YULEE FL 32097 US	Mailing Address P O BOX 1987 P.O. BOX 1408 YULEE FL 32097-1987 US
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3. Date Incorporated or Qualified  
**02/19/1988**

4. FEI Number  
**59-2469047**

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip	24. City & State Zip
25. Country	26. Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**POWELL, TERRELL J.**  
 2215 EAST SR 200  
 YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATTISON, LYNETTE	
STREET ADDRESS	1528 ROSE HILL DRIVE W	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIBBETTS, BOB	
STREET ADDRESS	1378 CLOVERDALE LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, BELINDA	
STREET ADDRESS	1380 MAYBERRY LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUTEK, SCOTT	
STREET ADDRESS	1534 ROSE HILL DRIVE W	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MALIKOWSKI, TANA	
1.3 STREET ADDRESS	8862 ROSE HILL DRIVE SOUTH	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32221	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FLOWERS, DALE	
2.3 STREET ADDRESS	8923 ROSE HILL DRIVE SOUTH	
2.4 CITY - ST - ZIP	JACKSONVILLE FL 32221	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing 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: *Robert Sutek* **17 Mar 98**

CP2E037 (10/97)