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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24918

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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2469047	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, TERRELL J. 2215 EAST SR 200 YULEE FL 32097				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALIKOWSKI, TANA	1.2 NAME	Lynette Mattison
STREET ADDRESS	8862 ROSE HILL DRIVE SOUTH	1.3 STREET ADDRESS	1526 Rose Hill Dr. West
CITY-ST-ZIP	JACKSONVILLE FL 32221	1.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, DALE	2.2 NAME	
STREET ADDRESS	8923 ROSE HILL DRIVE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, BELINDA	3.2 NAME	Charles E. Murphin, Jr.
STREET ADDRESS	1380 MAYBERRY LANE	3.3 STREET ADDRESS	8929 Cherry Hill Dr.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	David A. Holladay
STREET ADDRESS		4.3 STREET ADDRESS	1364 Mayberry Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Helen Moncrief
STREET ADDRESS		5.3 STREET ADDRESS	8870 Rose Hill Dr. N.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Lynette P. Mattison* **3-17-99** Date Daytime Phone #

CR2E037 (11/98)