

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2005  
Secretary of State**

DOCUMENT# N24918

Entity Name: COUNTRY CREEK VII HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434, SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-2879954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 STATE RD 434 W, SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRANIFF, CHRIS  
Address: 8974 N ROSE HILL DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VPD ( ) Delete  
Name: MCDUFFIE, BILL  
Address: 1379 W ROSE HILL DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD ( ) Delete  
Name: MURFIN, ED  
Address: 8929 CHERRY HILL DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD ( ) Delete  
Name: OAKLEY, BOBBY  
Address: 1447 E ROSE HILL DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: ALLEN, LARRY  
Address: 1383 MAYBERRY LN  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: FENNELL, MARY ANN  
Address: 1390 W ROSE HILL DR  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HIGHLANDS, BOB  
Address: 8856 CHERRY HILL DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS BRANIFF

PD

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date