

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24918

FILED
Mar 09, 2009
Secretary of State

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:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

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: MORRIS, YVONNE
Address: 8865 S ROSE HILL DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: ALICEA, ELIUT
Address: 8854 N ROSE HILL DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD () Delete
Name: CRITES, JENNIFER
Address: 8870 N ROSE HILL DR
City-St-Zip: JACKSONVILLE, FL 32221

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

Title: VPD () Delete
Name: NEWMAN, SANDY
Address: 8921 CHERRY 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: () 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 exemption stated 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 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: YVONNE MORRIS

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date