


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90484 031 ****61.25

DOCUMENT # N24918

1. Entity Name
COUNTRY CREEK VII HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2180 W SR 434, SUITE 5000
LONGWOOD FL 32779
US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2879954**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 STATE RD 434 W, SUITE 5000
LONGWOOD FL 32779-5044**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDUFFIE, WILLIAM M	
STREET ADDRESS	1379 ROSE HILL DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOWERS, DALE	
STREET ADDRESS	8923 ROSE HILL DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MURFIN, CHARLES E	
STREET ADDRESS	8929 CHERRY HILL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLADAY, DAVID A	
STREET ADDRESS	1384 MAYBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANIFF, CHRISTOPHER J	
STREET ADDRESS	8974 ROSE HILL DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY ALLEN	
STREET ADDRESS	1383 MAYBERRY LN.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale Flowers	
STREET ADDRESS	8923 ROSE HILL DR S	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES MURFIN	
STREET ADDRESS	8929 CHERRY HILL DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER BRANIFF	
STREET ADDRESS	8974 ROSE HILL DR N	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHRISTOPHER J. BRANIFF**

3/24/2003 904.728-2876

CR2E037 (10/02)