

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
James B. Matheson  
Secretary of State  
TALLAHASSEE, FLORIDA 32304

APPROVED  
MAY 1995

DOCUMENT # **N32460** (0)

95 MAY 11 PM 12:02

**COUNTRY CREEK ESTATES HOMEOWNERS' ASSOCIATION, I  
NC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2180 W. SR 434, STE. 5000, LONGWOOD FL 32779  
Mailing Address: 2180 WEST S.R. 434, SUITE 5000, LONGWOOD FL 32779, US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>05/23/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FIC Number <b>59-2954422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Has been delinquent in paying Filing Fees or Penalties <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Filing of 1995 Report	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Country	28. Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W. J SENTRY MANAGEMENT, INC. 2180 WEST S.R. 434, SUITE 5000 LONGWOOD FL 32779		B1. Name	
		B2. Agent's Exp. (P.O. Box Number is Not Acceptable)	
		B3. City & State	
		B4. Zip	
		FL	B5. Zip Code

I, the undersigned, being the duly authorized officer of the above named corporation, submit this statement for the purpose of changing the registered office and principal place of business of the corporation as indicated by this corporation's board of directors, hereby accept the appointment as registered agent. I am authorized to accept the substitution of the form 952 (P.F.) Florida Statutes.

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

12. OFFICERS AND DIRECTORS	13. AGENTS
PD HARRIS, ROBERT 1139 CROSS CREEK CIRCLE ALTAMONTE SPGS. FL 32714 D NETTLES, BOB, 663 OAK HOLLOW WAY ALTAMONTE SPRINGS FL 32714 VD CREWS, BRYAN 666 OAK HOLLOW WAY ALTAMONTE SPRINGS FL 32714 D KAMPE, MARY J., 675 OAK HOLLOW WAY ALTAMONTE SPGS. FL 32714 D NEUKAMM, MIKE., 662 OAK HOLLOW WAY ALTAMONTE SPGS. FL 32714 D GRANT, BILL, 1152 OAK GATE CIRCLE ALTAMONTE SPRINGS FL 32714	HARRIS, ROBERT D TD

I certify that the information reported with this filing is voluntarily furnished and that I am not responsible for the accuracy of the information reported in this report. I certify that the information reported in this report is true and correct and that my signature will cause the same to be filed of record in accordance with the provisions of the corporation or the reason or business purposes for which this report is required by Chapter 199, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report, or on an attachment with an address.

SIGNATURE: *Michael Neukamm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL NEUKAMM

3 17 95 007 244 5001