

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32460** (0)
1. Corporation Name
COUNTRY CREEK ESTATES HOMEOWNERS' ASSOCIATION, I NC.



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**

3. Date Incorporated or Qualified **05/23/1989** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2954422** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ROBERT	
STREET ADDRESS	1139 CROSS CREEK CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NETTLES, BOB	
STREET ADDRESS	663 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CREWS, BRYAN	
STREET ADDRESS	666 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAMPE, MARY J.	
STREET ADDRESS	675 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPGS. FL 32714	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NEUKAMM, MIKE	
STREET ADDRESS	662 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, BILL	
STREET ADDRESS	1152 OAK GATE CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COUTIERE, ANN MARIE	
1.3 STREET ADDRESS	641 OAK HOLLOW WAY	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	mike Novelli	
2.3 STREET ADDRESS	657 Oak Hollow Way	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Diane Douthwaite	
3.3 STREET ADDRESS	673 Oak Hollow Way	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Samir Jallad	
4.3 STREET ADDRESS	649 Oak Hollow Way	
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Stafford	
5.3 STREET ADDRESS	664 Oak Hollow Way	
5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eileen Johnson	
6.3 STREET ADDRESS	676 Oak Hollow Way	
6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Mike Novelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIKE NOVELLI

3/19/96

Date

(407)695-6562

Daytime Phone #

CR2E037 (12/95)