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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
2180 W. SR 434 STE. 5000 LONGWOOD FL 32779
2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779-5044 US

3. Date Incorporated or Qualified 05/23/1989
3a. Date of Last Report 05/01/1996

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 25 29 30

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

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COURIERE, ANN MARIE	
STREET ADDRESS	641 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOVELLI, MIKE	
STREET ADDRESS	657 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	DOUTHWAITE, DIANE	
STREET ADDRESS	673 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JALLAD, SAMIR	
STREET ADDRESS	649 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAFFORD, JOHN	
STREET ADDRESS	664 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, EILEEN	
STREET ADDRESS	676 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALLS, SCOTT	
1.3 STREET ADDRESS	696 OAK HOLLOW WAY	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Dunn	
2.3 STREET ADDRESS	697 Oak Hollow Way	
2.4 CITY-ST-ZIP	Altamonte Springs, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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

CR2E037 (9/96)