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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90093 012 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N32460**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/23/1989

4. FEI Number

59-2954422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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 ☐ DELETE

NAME  
TD WALLS, SCOTT  
STREET ADDRESS  
696 OAK HOLLOW WAY  
CITY-ST-ZIP  
ALTAMONTE SPGS. FL

TITLE ☒ DELETE

NAME  
PD NOVELLI, MIKE  
STREET ADDRESS  
657 OAK HOLLOW WAY  
CITY-ST-ZIP  
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME  
VP DUNN, MICHAEL  
STREET ADDRESS  
697 OAK HOLLOW WAY  
CITY-ST-ZIP  
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME  
SD JALLAD, SAMIR  
STREET ADDRESS  
649 AOK HOLLOW WAY  
CITY-ST-ZIP  
ALTAMONTE SPGS. FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD/TD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32714

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

32714

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

918 S ORANGE  
ORLANDO FL 32806-1213

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

D STAFFORD, JOHN  
664 OAK HOLLOW WAY  
ALTAMONTE SPRINGS FL 32714

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

(407) 327-5463

Date

Daytime Phone #

CR2E037 (1/198)