

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32460

1. Entity Name

COUNTRY CREEK ESTATES HOMEOWNERS' ASSOCIATION, I

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90089 036 ****61.25

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

836317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2954422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WALLS, SCOTT
STREET ADDRESS 696 OAK HOLLOW WAY
CITY-ST-ZIP ALTAMONTE SPGS. FL

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☐ Change ☒ Addition
NAME CHICARELLO, SALLY
STREET ADDRESS 688 OAK HOLLOW WAY
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD ☒ Delete
NAME JALLAD, SAMIR
STREET ADDRESS 918 S. ORANGE
CITY-ST-ZIP ORLANDO FL 32806-1213

TITLE TD ☐ Change ☒ Addition
NAME KING, RAY
STREET ADDRESS 644 OAK HOLLOW WAY
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☒ Delete
NAME STAFFORD, JOHN
STREET ADDRESS 664 OAK HOLLOW WAY
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD ☐ Change ☒ Addition
NAME CATUOGNO, NANCY
STREET ADDRESS 13330 SAINT TROPEZ CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

scott walls

4/5/00

(407) 327-5463