

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90070 034 ****61.25

DOCUMENT # N32460

1. Entity Name

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

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2954422

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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
 NAME: WALLS, SCOTT
 STREET ADDRESS: 696 OAK HOLLOW WAY
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714
 Delete

TITLE: TD
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: TD
 NAME: CHICARELLO, SALLY
 STREET ADDRESS: 688 OAK HOLLOW WAY
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714
 Delete

TITLE: D
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: SD
 NAME: ANDERSON, LISA C
 STREET ADDRESS: 664 OAK HOLLOW WAY
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714
 Delete

TITLE: PD
 NAME: HARRIS, Robert E
 STREET ADDRESS: 1139 CROSS CREEK CIR
 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: VD
 NAME: SCHANTINI, JACK
 STREET ADDRESS: 1158 OAK GATE CIR
 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: Treasurer
 STREET ADDRESS: Chris Dorworth
 CITY-ST-ZIP: 697 Oak Hollow Way
 ALTAMONTE SPRINGS, FL - 32714
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

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: Robert E. Harris 3/1/2002 407-245-2044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)