

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32460

FILED
Mar 17, 2006
Secretary of State

Entity Name: COUNTRY CREEK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2954422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHICARELLO, SALLY
Address: 688 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: CAPONE, ANTONIO
Address: 1143 CROSS CREEK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: SCHANTINI, JACK
Address: 1158 OAK GATE CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD () Delete
Name: DORWORTH, CHRIS
Address: 697 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: BREGG, JOHN
Address: 647 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GORDON, SANDRA
Address: 637 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO CAPONE

PD

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date