


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 043 ****61.25

DOCUMENT # N32460

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



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 - No P.O. Box #
 Suite Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02202038 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2954422

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature typed or printer name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C-HICARELLO, SALLY 688 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, MARK 681 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATUTE, JORGE 685 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIELMAN, SCOTT 676 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHANTINI, JACK 1158 OAK GATE CIR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, GARY 641 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GORDON, SANDRA 637 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: *Joy A. [Signature]* 3/20/08 407-399-2233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #