## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90081 017 \*\*\*\*61.25

## DOCUMENT # N9600005916

1. Corporation Name

COUNTRY CREEK HOMEOWNERS ASSOCIATION OF MANATEE, INC.

Principal Place of Business,

Mailing Address

4924 FRUITVILLE ROAD SARASOTA FL 34232

4924 FRUITVILLE ROAD SARASOTA FL 34232

| 2.  | Principal Place of Business     2a. Mailing Address |                                       |                                      |                         |   | 3. Date Incorporated or Qualifed                         |                    |                 |  |
|---|---|---------------------------------------|--------------------------------------|-------------------------|---|--|--------------------|-----------------|--|
| 21  | •   |                                       | 26                                   |                         |   | 11/15/1996   |                    |                 |  |
| _   | Suite, Apt. #, etc. Suite, Apt. #,                  |                                       |                                      | , etc.                  |   | 4. FEI Number  | Ар                 | plied For       |  |
| 22  | 27  |                                       |                                      | -                       | -   | 5 <del>9-</del> 3425402 ·                                | No                 | t Applicable    |  |
| _   | City & State City & State                           |                                       |                                      |                         | E Cartifente of Status Decised                        |  | \$8.75 A<br>Fee Re |                 |  |
| _   | Zip   |                                       |                                      |                         | Country 6. Election Campaign Financing 55.00          |  | May Be             |                 |  |
| 24  | <b>-</b> -P   | 25 29 30                              |                                      | 30                      |   | Trust Fund Contribution                                  | Added t            | , ,             |  |
|   | 9. Name and Address of Current Registered Agent     |                                       |                                      | 100,                    | 10. Name and Address of New Registered Agent          |  |                    |                 |  |
|   |   |                                       |                                      |                         | Name  |  |                    |                 |  |
| 018 18 10 EU 10   |   |                                       |                                      |                         | COLOR DE MARKET NA ANTI-ANIA                          |  |                    |                 |  |
| CHUNG, FILIC  |   |                                       |                                      |                         | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                    |                 |  |
| 4924 FRUITVILLE ROAD  |   |                                       |                                      |                         | 83  |  |                    |                 |  |
| SARASOTA FL 34232   |   |                                       |                                      |                         |   |  |                    |                 |  |
|   |   |                                       |                                      |                         | 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 ageny, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered or one of the programment as registered or one of the programment as registered or office or registered ageny, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered or office or registered ageny, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. |   |                                       |                                      |                         |   |  |                    |                 |  |
| 1/2/49  |   |                                       |                                      |                         |   |  |                    |                 |  |
| SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |                                       |                                      |                         |   |  |                    |                 |  |
| 12.   |   | OFFICERS AN                           | ID DIRECTORS                         | 13.                     |   | ADDITIONS/CHANGES TO OFFICERS AN                         |                    |                 |  |
| TITL  | E   | PD                                    | ☐ DELETE                             | 1.1 TITLE               |   |  | Change             | Addition        |  |
| NAM   | kE  |                                       |                                      | 1.2 NAME                |   |  |                    | ]               |  |
| STR   | TREET ADDRESS 4924 FRUITVILLE ROAD                  |                                       | •                                    | 1.3 STREET ADDRESS      |   |  |                    |                 |  |
| 1   | -ST-ZIP   | SARASOTA FL 34232                     |                                      | 1.4 CITY-               | T-7IP   |  |                    | }               |  |
| - H   |   | STD                                   | DELETE                               | 2.1 TITLE               | C   | )  | Change             | Addition        |  |
| NAM   |   | CHUNG, WEN Y                          |                                      | 2.2 NAME                | Ā   | MOY MCGAYIC  |                    | ,               |  |
|   | EET ADDRESS   | 4924 FRUITVILLE ROAD                  |                                      | 2.3 STREE               | T ADDRESS 16  | 02 MILL RUN EAST   |                    |                 |  |
| } -   | ]   | SARASOTA FL 34232                     |                                      | 2.4 CITY-               |   | SRADONTON, FL 3/202                                      |                    | ļ               |  |
| TITL  | r-ST-ZIP  |                                       | DELETE                               | 3.1 TITLE               | Ö   | )  | Change             | Addition        |  |
| 1 1   | -   | D D                                   | yes o Lear I h                       | 3.2 NAME                |   | RAY RALPH  |                    |                 |  |
| NAM   |   | OGLES, MARK                           |                                      |                         | T ADDRESS   | ABIL THE AVOICE EAST                                     |                    |                 |  |
|   | EET ADDRESS   | 1111 - 8TH AVENUE WEST                |                                      | 1                       | OT 710  | DRADONTON FL 3/202                                       |                    |                 |  |
| <u> </u>  | /-ST-ZIP  | BRADENTON FL 34206                    | ☐ DELETÉ                             | 3.4. CITY-<br>4.1 TITLE | ST-ZIP C  |  | Change             | X/Addition      |  |
| mn  |   |                                       | ب مددداد                             | 4.1 IIILE<br>4.2 NAME   |   | LICHOLE BOLL   |                    | -               |  |
| NAM   |   |                                       |                                      | 1                       |   | 108 WITH STREET EAST                                     |                    |                 |  |
| 1   | EET ADDRESS   |                                       |                                      |                         | T ADDRESS   | KRADONTON, FL 34202                                      |                    |                 |  |
| _   | /-ST-ZIP  |                                       | □ pricté                             | 4.4 CITY-               | ST-ZIP  | XHOSUIGH, FL SAUL  | Change             | Addition        |  |
| mr  |   |                                       | ☐ DELETÉ                             | 5.1 TITLE<br>5.2 NAME   |   |  | Change             | C Floridott     |  |
| NAM   | _   |                                       |                                      |                         | T ADDDEED   |  |                    | ]               |  |
| STR   | EET ADDRESS   |                                       |                                      | 1                       | TADDRESS  |  |                    | Į               |  |
| cm  | Y-ST-ZIP  |                                       |                                      | 5.4 CITY-               | şi-ZP   |  | E7 Chance          | l<br>☐ Addition |  |
| l IIII  | .E  |                                       | ☐ DELETE                             | 6.1 TITLE               |   |  | Change             | ☐ Addition      |  |
| NAM   | Æ i   |                                       |                                      | 6.2 NAME                |   |  |                    |                 |  |
| STR   | EET ADDRESS   |                                       |                                      | 6.3 STREE               | TADDRESS  |  |                    |                 |  |
|   | r-ST-ZIP  |                                       |                                      | 6.4 CITY-               |   |  |                    |                 |  |
| 14  | Lhoroby   | artifuthat the information cumplied w | ith this filing does not qualify for | or the evemn            | tion stated in  | n Section 119 07/3\(ii), Florida Statutes, I further cel | tify that the i    | nformation —    |  |

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 113.07(3)(f), i fordia Statutes. The information supplied with the filling does not qualify the time exemption indicated on this 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 chapted, pron an attachment with an address, with all other like empowered.

**SIGNATURE**