

2002 UNIFORM BUSINESS REPORT (UBR)

1/16

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-16-2002 90084 050 ****61.25

DOCUMENT # N96000005916

1. Entity Name

COUNTRY CREEK HOMEOWNERS ASSOCIATION OF MANATEE, INC.

Principal Place of Business

Mailing Address

14723 1ST AVE EAST
 BRADENTON FL 34202

P O BOX 21322
 BRADENTON FL 34204

72551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15120 3rd Drive East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

4. FEI Number

59-3425402

Applied For

Not Applicable

Zip

Country

Zip

Country

34212

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

CHUNG, FILIC
 4924 FRUITVILLE ROAD
 SARASOTA FL 34232

Name Rodney E. McClellan
 Street Address (P.O. Box Number is Not Acceptable)
15120 3rd Drive East

By Bradenton, FL FL Zip Code 34212

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

Rodney E. McClellan
Rodney E. McClellan, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-02

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | CHUNG, FILIC | |
| STREET ADDRESS | 4924 FRUITVILLE ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34232 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCGAVIC, ANDY | |
| STREET ADDRESS | 102 MILL RUN EAST | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |
| TITLE | DTV | <input checked="" type="checkbox"/> Delete |
| NAME | ROWLAND, RENE | |
| STREET ADDRESS | 14723 1 AVENUE EAST | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rodney E. McClellan | |
| STREET ADDRESS | 15120 3rd Drive East | |
| CITY-ST-ZIP | Bradenton FL 34212 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McGAVIC, Andy - D | |
| STREET ADDRESS | 102 Mill Run East | |
| CITY-ST-ZIP | Bradenton, FL 34212 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dale Connor - D | |
| STREET ADDRESS | 15123 3rd Dr. E. | |
| CITY-ST-ZIP | Bradenton, FL 34212 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jochemerik - D | |
| STREET ADDRESS | 206 147th St E. | |
| CITY-ST-ZIP | Bradenton, FL 34212 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Larry Lub - D | |
| STREET ADDRESS | 215 147th St E | |
| CITY-ST-ZIP | Bradenton, FL 34212 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Rodney E. McClellan
Rodney E. McClellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 941-244-9716

CR2E037 (9/01)