

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32460

Entity Name: COUNTRY CREEK ESTATES HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 01, 2015
Secretary of State
CC0918421136**Current Principal Place of Business:**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number:** 59-2954422**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HART, JAMES W. JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US*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:** JAMES W HART JR

04/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name MATUTE, JORGE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** VP, DIRECTOR
Name COUTURE, GARY
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** SECRETARY, DIRECTOR
Name BATESON, BRIAN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** TREASURER, DIRECTOR
Name YOFFEE, DAVID
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name WHIKEHART, ERIC
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name BURNS, EDWARD
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name ADEBANJO, LARRY
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name HYMAN, MICHAEL
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: JORGE MATUTE

PRESIDENT

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NUNN, JAMES
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779