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CORPORATION ANNUAL REPORT 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01539 (8)

1. Corporation Name

COUNTRY CREEK MASTER ASSOCIATION, INC.

Principal Place of Business: 2180 W. STATE ROAD 434. SUITE #5000, LONGWOOD FL 32779

Mailing Address: 2180 W. STATE ROAD 434. SUITE #5000, LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1984
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2390057 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. Florida Statutes [ ] Yes XX No

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. **Name and Address of Current Registered Agent**

SHEPARD, III, CLIFFORD B.
201 S. ORANGE AVENUE
SUITE 900
ORLANDO FL 32802

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	X PRX
NAME	FREEMAN, PAT
STREET ADDRESS	962 SOUTHRIDGE TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	XVPX
NAME	XWILSONXMARKXXXXXXX
STREET ADDRESS	X915XBUTTONWOODXLANEXXXX
CITY-ST-ZIP	XALTAMONTE SPRINGS FLXXXXX
TITLE	XSD
NAME	BOULNOIS, KIM
STREET ADDRESS	587 NORTHBRIDGE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	XTDX
NAME	XDAVIS,XBETHXXXXXXXXX
STREET ADDRESS	X1342XBLACK WILLOWXTRXXXX
CITY-ST-ZIP	XALTAMONTE SPRGSXFLXXXXX
TITLE	D
NAME	BECKER, BOB
STREET ADDRESS	1167 BUTTONWOOD CIR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D
NAME	WRIGHT, BILL
STREET ADDRESS	1195 WOODLAND TERRACE TRAIL
CITY-ST-ZIP	ALTAMONTE SPRGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	[X] Change [ ] Addition
NAME	MARCZAK, PAUL	
STREET ADDRESS	1327 BLACK WILLOW TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	[X] Change [ ] Addition
NAME	SIMPSON, GENE	
STREET ADDRESS	1143 MAPLE COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is substantially furnished and I do not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 changed, or on an attachment with an address.

SIGNATURE: Paul J Marczak — PAUL J MARCZAK 2-28-95 (407) 775-7187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0003522