

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01539 (8)

1. Corporation Name

COUNTRY CREEK MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD FL 32779**

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LONGWOOD FL 32779**

3. Date Incorporated or Qualified
02/20/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **FREEMAN, PAT**
STREET ADDRESS **962 SOUTHRIDGE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **MARCZAK, PAUL**
STREET ADDRESS **1327 BLACK WILLOW TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☒ DELETE
NAME **BOULNOIS, KIM**
STREET ADDRESS **587 NORTHBRIDGE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **HARRIS, ROBERT**
3.3 STREET ADDRESS **1139 CROSS CREEK CIR**
3.4 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VD** ☐ DELETE
NAME **SIMPSON, GENE**
STREET ADDRESS **1143 MAPLE COURT**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BECKER, BOB**
STREET ADDRESS **1167 BUTTONWOOD CIR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **KUNERTH, JEFF**
5.3 STREET ADDRESS **1274 LOST CREEK CT**
5.4 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ DELETE
NAME **WRIGHT, BILL**
STREET ADDRESS **1195 WOODLAND TERRACE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRGS FL**

6.1 TITLE **STD** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)