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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD FL 32779-5044

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/20/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2390057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FREEMAN, PAT

STREET ADDRESS 982 SOUTHRIDGE TRAIL

CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE VD ☐ DELETE

NAME MARCZAK, PAUL

STREET ADDRESS 1327 BLACK WILLOW TRAIL

CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE

NAME HARRIS, ROBERT

STREET ADDRESS 1139 CROSS CREEK CIR

CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☒ DELETE

NAME SIMPSON, GENE

STREET ADDRESS 1143 MAPLE COURT

CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE

NAME KUNERTH, JEFF

STREET ADDRESS 1274 LOST CREEK CT

CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE STD ☐ DELETE

NAME WRIGHT, BILL

STREET ADDRESS 1195 WOODLAND TERRACE TRAIL

CITY-ST-ZIP ALTAMONTE SPRGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ 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 does 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.

CR2E037 (9/96)

COUNTRY CREEK MASTER ASSOCIATION, INC
1997 ADDITIONAL OFFICERS AND DIRECTORS

7.1 TITLE D

7.2 NAME MALIN,JOSEPH

7.3 STREET ADDRESS 812 TIMBERLANE TR

7.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-1221

8.1 TITLE D

8.2 NAME FARRIER,JANE

8.3 STREET ADDRESS 1106 GOLDEN CYPRESS CT

8.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714