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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

02/20/1984

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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 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	<input type="checkbox"/> DELETE
NAME	FREEMAN, PAT	
STREET ADDRESS	982 SOUTHRIDGE TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCZAK, PAUL	
STREET ADDRESS	1327 BLACK WILLOW TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ROBERT	
STREET ADDRESS	1139 CROSS CREEK CIR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TERRELL, LORRAINE	
STREET ADDRESS	557 NORTHBRIDGE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUNERTH, JEFF	
STREET ADDRESS	1274 LOST CREEK CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	TD	<input type="checkbox"/> 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 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALIN, JOSEPH	
STREET ADDRESS	812 TIMBERLAND TR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-1221	

14. 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 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: *Pat Freeman* - **PAT FREEMAN**

2/24/98

290-1215

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