

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90019 013 ****61.25

0015055

DOCUMENT # N01539

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



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

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 ☐ \$5.00 May Be Added to Fees

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** ☐ DELETE
NAME **FREEMAN, PAT**
STREET ADDRESS **962 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 **MALIN, JOSEPH**
STREET ADDRESS **812 TIMBERLAND TR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☒ DELETE
NAME **TERRELL, LORRAINE**
STREET ADDRESS **557 NORTHBRIDGE DR**
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 **TD** ☐ 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 **MARCZAK, PAUL J**
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/99 **(407) 862-6775**

CR2E037 (1/98)

COUNTRY CREEK MASTER ASSN., INC.

N01539

475700-90019-13

	DELETE	ADDITION	CHANGE
TITLE			
NAME	D	X	
STREET ADDRESS	FARRIER, JANIE		
CITY ST ZIP	1106 GOLDEN CYPRESS CT ALTAMONTE SPRINGS FL 32714		

	DELETE	ADDITION	CHANGE
TITLE			
NAME	D	X	
STREET ADDRESS	MARSHALL, ERIC		
CITY ST ZIP	1226 BENT OAK TRAIL ALTAMONTE SPRINGS FL 32714		

	DELETE	ADDITION	CHANE
TITLE			
NAME	D	X	
STREET ADDRESS	SAUL, EVE		
CITY ST ZIP	646 NORTHBRIDGE DR ALTAMONTE SPRINGS FL 32714		

	DELETE	ADDITION	CHANGE
TITLE			
NAME	D	X	
STREET ADDRESS	STAFFORD, JOHN		
CITY ST ZIP	664 OAK HOLLOW WAY ALTAMONTE SPRINGS FL 32714		

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			