

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01539

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2390057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FREEMAN, PAT  
STREET ADDRESS 962 SOUTHRIDGE TRAIL  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ Change ☒ Addition  
NAME SAUL, EVE  
STREET ADDRESS 646 NORTHBRIDGE DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VD ☐ Delete  
NAME MARCZAK, PAUL J  
STREET ADDRESS 1327 BLACK WILLOW TRAIL  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ Change ☒ Addition  
NAME ANDERSON, LISA COONS  
STREET ADDRESS 664 OAK HOLLOW WAY  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ Delete  
NAME MALIN, JOSEPH  
STREET ADDRESS 812 TIMBERLAND TR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FARRIER, JANIE  
STREET ADDRESS 1106 GOLDEN CYPRESS CT  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARSHALL, ERIC  
STREET ADDRESS 1226 BENT OAK TRAIL  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WRIGHT, BILL  
STREET ADDRESS 1195 WOODLAND TERRACE TRAIL  
CITY-ST-ZIP ALTAMONTE SPRGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-01 4072901215



DO NOT WRITE IN THIS SPACE

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