

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
05-15-2002 90112 037 \*\*\*\*61.25

**DOCUMENT # N01539**

1. Entity 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**

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

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

Name

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

City

**FL**

Zip Code

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 **VD** ☐ Change ☒ Addition  
NAME **COONS-ANDERSON, LISA**  
STREET ADDRESS **664 OAK HOLLOW WAY**  
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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/02 407-290-1215**  
Date Daytime Phone #

CR2E037 (9/01)