

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01539

FILED
Apr 16, 2007
Secretary of State

Entity Name: COUNTRY CREEK MASTER ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2390057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES W. HART JR.
SENTRY MANAGEMENT INC.
2180 W SR. 434 STE. 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, JANE
Address: 1180 WOODLAND TERRACE TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: FREEMAN, PAT
Address: 962 SOUTHRIDGE TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: WOODARD, PATRICIA
Address: 861 EAST TIMBERLAND TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD () Delete
Name: MARCZAK, PAUL J
Address: 1327 BLACK WILLOW TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: HUNGERFORD, CORRIE
Address: 10008 BEAR LAKE RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BLACKMON, GARY
Address: 1261 QUAIL WALK DR
City-St-Zip: ALTAMONTE SPRGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREENSPAN, CARYN
Address: 1175 WOODLAND TERRACE TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HUNGERFORD, CORRIE
Address: 10008 BEAR LAKE RD
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE KING

PD

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date