2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N01539

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:

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

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: JAMES W HART JR 04/02/2009
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:	EK-COLLINS, GREG	
Address:	949 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:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	MATUTE, JORGE	
Address:	685 OAK HOLLOW WAY	
City-St-Zip:	ALTAMONTE SPRGS, FL 32714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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 04/02/2009
Electronic Signature of Signing Officer or Director — Date