

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01539

FILED  
Feb 11, 2010  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

FEI Number: 59-2390057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 WEST SR 434 SUITE 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  
Name: KING, JANE  
Address: 1180 WOODLAND TERRACE TRL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: PENNY, JOHN  
Address: 1233 PINE NEEDLE CT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

Title: VPD  
Name: HUNGERFORD, CORRIE  
Address: 10008 BEAR LAKE RD  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: MATUTE, JORGE  
Address: 685 OAK HOLLOW WAY  
City-St-Zip: ALTAMONTE SPRGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: JANE KING

PD

02/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date