

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90219 003 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

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

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

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Pat Woodward**
STREET ADDRESS **561 Timberland Tr**
CITY-ST-ZIP **Altamonte Spgs FL 32714**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Jane King**
STREET ADDRESS **1180 Woodland Terrace Tr**
CITY-ST-ZIP **Altamonte Spgs FL 32714**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Jack Harrison**
STREET ADDRESS **1225 Bent Oak Tr**
CITY-ST-ZIP **Altamonte Spgs FL 32714**

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:

Pat Freeman

CR2E037 (10/02)