


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 026 \*\*\*\*61.25

<b>DOCUMENT # N04769</b>	
<b>1. Entity Name</b>	
CEDAR CREEK AT COUNTRY RUN HOMEOWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
10012 N. DALE MABRY HWY., #223 TAMPA FL 33618	10012 N. DALE MABRY HWY., #223 TAMPA FL 33618

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
14813 Turner Rd.	14813 Turner Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Tampa FL	Tampa FL
<b>Zip</b>	<b>Zip</b>
33624	33624
<b>Country</b>	<b>Country</b>
USA	USA

<b>4. FEI Number</b>	<b>Applied For</b>
59-2542871	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
SMITH, BRIAN K 10033 DR. MARTIN LUTHER KING JR. ST. N. SECOND FLOOR ST. PETERSBURG FL 33716

<b>7. Name and Address of New Registered Agent</b>
Name Denise Helbig
Street Address (P.O. Box Number is Not Acceptable) 14813 Turner Rd.
City Tampa FL Zip Code 33624

**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 Denise Helbig DATE 3/15/06

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	DELISLE, GLORIA
<b>STREET ADDRESS</b>	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
<b>CITY-ST-ZIP</b>	ST. PETERSBURG FL 33716
<b>TITLE</b>	<b>VPD</b> <input type="checkbox"/> Delete
<b>NAME</b>	SPOONER, JENNIFER
<b>STREET ADDRESS</b>	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
<b>CITY-ST-ZIP</b>	ST. PETERSBURG FL 33716
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete
<b>NAME</b>	ANDREWS, DELORES
<b>STREET ADDRESS</b>	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
<b>CITY-ST-ZIP</b>	ST. PETERSBURG FL 33716
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete
<b>NAME</b>	DACKSON, STEPHEN
<b>STREET ADDRESS</b>	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
<b>CITY-ST-ZIP</b>	ST. PETERSBURG FL 33716
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	BIBLE, PAT
<b>STREET ADDRESS</b>	10033 DR. M. L. KING JR. ST. N. - 2ND FLR.
<b>CITY-ST-ZIP</b>	ST. PETERSBURG FL 33716
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Gloria F. Delisle 3-28-06