2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N04769

Entity Name: CEDAR CREEK AT COUNTRY RUN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14813 TURNER RD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

14813 TURNER RD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2542871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELBIG, DENISE
14813 TURNER ROAD
TAMPA, FL 33624 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: MAJIAS, ARNOLD
Address: 11923 SUGARTREE DRIVE
City-St-Zip: TAMPA, FL 33625

Title: VPD ( ) Delete
Name: SPOONER, JENNIFER
Address: 11804 HICKORYNUT DRIVE
City-St-Zip: TAMPA, FL 33625

Title: TD ( ) Delete
Name: ANDREWS, DELORES
Address: 6019 LEMON TREE COURT
City-St-Zip: TAMPA, FL 33625

Title: SD ( ) Delete
Name: BIBLE, PAT
Address: 5957 BIRCHWOOD DRIVE
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: DELISLE, GLORIA
Address: 5947 BIRCHWOOD DRIVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MEJIAS, ARNOLD
Address: 11923 SUGARTREE DRIVE
City-St-Zip: TAMPA, FL 33625

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

Title: TD (X) Change ( ) Addition
Name: LETO, SARA
Address: 6004 LEMON TREE COURT
City-St-Zip: TAMPA, FL 33625

Title: SD (X) Change ( ) Addition
Name: DACKSON, JOHN
Address: 6001 LEMON TREE COURT
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change ( ) Addition
Name: KOPP, LEO
Address: 11930 SUGARTREE DRIVE
City-St-Zip: TAMPA, FL 33625

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: ARNOLD MEJIAS PD 01/19/2009

Electronic Signature of Signing Officer or Director — Date