


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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<b>DOCUMENT # N08445</b> 1. Entity Name SOUTHRIDGE AT COUNTRY CREEK, INC.					
Principal Place of Business 225 S WESTMONTE DR STE 3310 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address P.O. BOX 162147 ALTAMONTE SPRINGS, FL 32716-2147 US		
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 <b>59-2659848</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREEMAN, PAT 962 SOUTHRIDGE TR ALTAMONTE SPRINGS, FL 32714			Name <b>EILEEN R. WOMACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 S. WESTMONTE DR #3310</b> City <b>ALTAMONTE SPRINGS</b> FL Zip Code <b>32714</b>		
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 <u><i>Eileen R. Womack, Agent</i></u> DATE <u>9/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DT EK-COLLINS, PATTY 949 SOUTHRIDGE TRAIL ALTAMONTE SPGS., FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, PAT 962 SOUTHRIDGE TR. ALTAMONTE SPGS., FL 32714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SULLIVAN, DONALD 958 SOUTHRIDGE TR ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTMAN, KAIL 1218 PIN NEEDLE COURT ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STOKER, JENNIFER 902 OAK LEAF COURT ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KATHY 932 SOUTHRIDGE TRAIL ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATHY BRADIGAN 951 SOUTHRIDGE TRAIL ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> DATE <u>9/19/06</u> DAYTIME PHONE # <u>407-291-4672</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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GUTHRIDGE AT COUNTRY CREEK, INC.

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JOHN PENNY  
1233 PINE NEEDLE CT.  
ALTAMONTE SPRINGS, FL 32714