


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90073 043 ****61.25

DOCUMENT # N08445 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2659848	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOMACK, ELLEN R 225 S WESTMONTE DR STE 3310 ALTAMONTE SPRINGS, FL 32714				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>Ellen R. Womack</i></u> 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EK-COLLINS, PATTY		NAME		
STREET ADDRESS	949 SOUTHRIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS., FL 32714		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKER, JENNIFER		NAME		
STREET ADDRESS	902 OAK LEAF COURT		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS., FL 32714		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, DONALD		NAME		
STREET ADDRESS	958 SOUTHRIDGE TR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROTMAN, KAIL		NAME		
STREET ADDRESS	1218 PIN NEEDLE COURT		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADIGON, KATHY		NAME		
STREET ADDRESS	951 SOUTHRIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, KATHY		NAME		
STREET ADDRESS	932 SOUTHRIDGE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
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>Jennifer Stoker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-07 407 685399 <small>Date Daytime Phone #</small>		

2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

ATTACHMENT

40099482

DOCUMENT # N08445

ENTITY NAME: SOUTHRIDGE AT COUNTRY CREEK, INC.

PD

VPD

TD

SD

D JOHN PENNY
32714

1233 PINE NEEDLE COURT ALTAMONTE SPRINGS, FL

D

D

D

D