

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08445

FILED
Apr 28, 2009
Secretary of State

Entity Name: SOUTHRIDGE AT COUNTRY CREEK, INC.

Current Principal Place of Business:

225 S WESTMONTE DR
STE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2659848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DR
STE 3310
ALTAMONTE SPRINGS, FL 32714 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: DT () Delete
Name: EK-COLLINS, PATTY
Address: 949 SOUTHRIDGE TRAIL
City-St-Zip: ALTAMONTE SPGS., FL 32714

Title: DP () Delete
Name: STOKER, JENNIFER
Address: 902 OAK LEAF COURT
City-St-Zip: ALTAMONTE SPGS., FL 32714

Title: DVP () Delete
Name: PENNY, JOHN
Address: 1233 PINE NEEDLE CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BROTMAN, KAIL
Address: 1218 PIN NEEDLE COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS () Delete
Name: RANETTE, LEIVA
Address: 1222 WOODRIDGE CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: MILLER, KATHY
Address: 932 SOUTHRIDGE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change () Addition
Name: PENNY, JOHN
Address: 1233 PINE NEEDLE CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: DS (X) Change () Addition
Name: RANNETTE, LEIVA
Address: 1222 WOODRIDGE CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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: JENNIFER STOKER

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date