

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90041 002 ****61.25

DOCUMENT # N27828					
1. Entity Name COUNTRY CREEK CLUB HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020			Mailing Address 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # Association Services of Fla Suite, Apt. #, etc. 10112 USA Today Way City & State Miramar, Florida Zip 33025 Country USA		3. Mailing Address Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way City & State Miramar, Florida Zip 33025 Country USA		40040899 	
4. FEI Number 65-0069704		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name <u>BARBARA HERNDON, PRESIDENT</u> Street Address (P.O. Box Number is Not Acceptable) ASSOCIATION SERVICES OF FLORIDA 10112 USA Today Way City <u>MIRAMAR</u> <u>FL</u> Zip Code <u>33025</u>		
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>Barbara Herndon</u> 2/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DV BYRD, ALAN P 7021 SW 40TH CT DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERZ, DAN 1081 NW 100TH WAY PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOZEMAN, CRAIG 4020 SW 72ND WAY DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOAN, JIM 7211 SW 42ND CT. DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PLETZ, ALBERT 7051 SW 39TH CT. DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>Craig Bozeman, Pres.</u> 2/5/08 (954) 922-3514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					