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Feb 12, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-12-1999 90021 022 *****61.25

DOCUMENT # N32619

1. Corporation Name

THE WOODLANDS OF CLEAR CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DAVID A. RUSSELL
 499 N. FERDON BLVD.
 CRESTVIEW FL 32536

C/O DAVID A. RUSSELL
 499 N. FERDON BLVD.
 CRESTVIEW FL 32536



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/31/1989

22 City & State

27 City & State

4. FEI Number
 59-2969886

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, DAVID A.
 499 N. FERDON BLVD.
 CRESTVIEW FL 32536

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME RUSSELL, DAVID A.
 STREET ADDRESS RT 3, BOX 455
 CITY-ST-ZIP CRESTVIEW FL DELETE

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD
 NAME RUSSELL, IRENE C.,
 STREET ADDRESS RT. 3 BOX 455
 CITY-ST-ZIP CRESTVIEW FL DELETE

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE STD
 NAME BODEMAN, SHIRLEY Y.
 STREET ADDRESS 6116 EVERGREEN PARKWAY
 CITY-ST-ZIP CRESTVIEW FL DELETE

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D
 NAME HEDEMAN, NORMAN E.
 STREET ADDRESS 6120 EVERGREEN PKWY.
 CITY-ST-ZIP CRESTVIEW FL DELETE

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 1999
 Date

(850) 682-6156
 Daytime Phone #

CR2E037 (1/98)