

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N32619

1. Entity Name
**THE WOODLANDS OF CLEAR CREEK HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2969886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000106403
01/08/04-80014-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSSELL, DAVID 499 N FERDON BLVD CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRAY, THERESA J P.O BOX 344 BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEDEMAN, BETTY 6120 EVERGREEN PARKWAY CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 recorder 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #