


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90049 045 \*\*\*\*61.25

**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**

00010300

2. Principal Place of Business  
*C/o Theresa Shoubaki*  
 Suite, Apt. #, etc.  
*10150 Evergreen Pkwy*  
 City & State  
*Crestview Florida*  
 Zip  
*32539*

Country  
*Okaloosa*

3. Mailing Address  
*C/o Theresa Shoubaki*  
 Suite, Apt. #, etc.  
*PO Box 811*  
 City & State  
*Crestview Florida*  
 Zip  
*32536*

Country  
*Okaloosa*



01122005 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**

7. Name and Address of New Registered Agent  
 Name *Theresa Shoubaki*  
 Street Address (P.O. Box Number is Not Acceptable)  
*10150 Evergreen Pkwy*  
 City *Crestview* **FL** Zip Code *32539*

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 *Theresa Shoubaki* DATE *1/22/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
PD	RUSSELL, DAVID	499 N FERDON BLVD	CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete
STD	GRAY, THERESIA J	P.O BOX 344	BAKER, FL 32531	<input checked="" type="checkbox"/> Delete
D	HEDEMAN, BETTY	6120 EVERGREEN PARKWAY	CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Actions
P	Theresa Shoubaki	10150 Evergreen Pkwy	Crestview FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST	Latessa Grace	309 Cook Street	Niceville FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Riek Spitznagel	329 Bimini Way	Niceville FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	George Shumate	5353 Buckhorn Drive	Crestview FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	David Dunn	6098 Evergreen Pkwy	Crestview FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	James Coiner	901 Elizabeth Lane	Shalimar FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Theresa Shoubaki* DATE *1/22/05* (850) 682-6187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #