


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 022 ****61.25

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| DOCUMENT # N32619 |  |
| 1. Entity Name THE WOODLANDS OF CLEAR CREEK HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business %THERSA SHARBAKI 6150 EVERGREEN PKWY CRESTVIEW, FL 32539 | Mailing Address %THERSA SHARBAKI PO BOX 811 CRESTVIEW, FL 32536 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

02242006 Chg-NP CR2E037 (11/05)

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|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 59-2969886 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|-----------------------------|--|

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|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SHOUBAKI, THERSA 6150 EVERGREEN PKWY CRESTVIEW, FL 32539 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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 | P SHAUBAKI, THERSA 6150 EVERGREEN PKWY CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LATESA, GRACE 309 COOK STREET NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPITENAGEL, RICK 329 BIMINI WAY NICEVILLE, FL 32578 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHUMATE, GEORGE 5353 BUCKHORN DRIVE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DUNN, DAVID 6098 EVERGREEN PKWY CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COINER, JAMES 901 ELIZABETH LANE SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/TRE Shoubaki, Theresa 6150 Evergreen Pkwy Crestview, FL 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Ataf Shoubaki 6150 Evergreen Pkwy Crestview, FL 32539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Bruce Stephens 6127 Old Hickory Rd. Crestview, FL 32539 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: Theresa R Shoubaki 2/25/06 (850) 682-6182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #