


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90136 017 \*\*\*\*61.25

<b>DOCUMENT # N32619</b> 1. Entity Name <b>THE WOODLANDS OF CLEAR CREEK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>%THERSA SHARBAKI</b> <b>6150 EVERGREEN PKWY</b> <b>CRESTVIEW, FL 32539</b>				Mailing Address <b>%THERSA SHARBAKI</b> <b>PO BOX 811</b> <b>CRESTVIEW, FL 32536</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHOUBAKI, THERSA</b> <b>6150 EVERGREEN PKWY</b> <b>CRESTVIEW, FL 32539</b>				Name <b>Bruce Stephens</b> Street Address (P.O. Box Number is Not Acceptable) <b>6080 EVERGREEN PKWY</b> City <b>Crestview</b> <b>FL</b> Zip Code <b>32539</b>	
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>Theresa Shoubaki Theresa Shoubaki ST 1/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUBAKI, THERSA		NAME	Shoubaki, Theresa	
STREET ADDRESS	6150 EVERGREEN PKWY		STREET ADDRESS	6150 EVERGREEN PKWY	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOUBAKI, ATEF		NAME	David Naber	
STREET ADDRESS	6150 EVERGREEN PKWY		STREET ADDRESS	3932 Clearview Dr	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SPITENAGEL, RICK		NAME		
STREET ADDRESS	329 BIMINI WAY		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	SHUMATE, GEORGE		NAME		
STREET ADDRESS	5353 BUCKHORN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, BRUCE		NAME	Stephens, Bruce	
STREET ADDRESS	6127 OLD HICKORY RD		STREET ADDRESS	6080 EVERGREEN PKWY	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Theresa Shoubaki</u> <span style="float: right;">1/27/07 850 6826187</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					