

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90347 007 ****70.00



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

Principal Place of Business
**%THERSA SHARBAKI
 6150 EVERGREEN PKWY
 CRESTVIEW, FL 32539**

Mailing Address
**%THERSA SHARBAKI
 PO BOX 811
 CRESTVIEW, FL 32536**



2. Principal Place of Business - No P.O. Box #
6080 Evergreen Pkwy.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Crestview FL

City & State

Zip
32539

Country
USA

Zip Country

02242008 Chg-NP CR2E037 (12/06)

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

**STEPHONS, BRUCE
 6080 EVERGREEN PKWY
 CRESTVIEW, FL 32539**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 **Bruce Stephens President** *Bruce Stephens* **04-24-08**
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOUBAKI, THERESA		NAME		
STREET ADDRESS	6150 EVERGREEN PKWY		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABER, DAVID		NAME		
STREET ADDRESS	3932 CLEARVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMATE, GEORGE		NAME		
STREET ADDRESS	5353 BUCKHORN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, BRUCE		NAME	STEPHENS, BRUCE	
STREET ADDRESS	6080 EVERGREEN PKWY		STREET ADDRESS	6080 Evergreen Pkwy.	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bruce Stephens* **Bruce Stephens** **4/24/2004** **850-689-0674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #