

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N46060

1. Entity Name
COUNTRY CREEK VIII HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business

6015 MORROW ST. EAST
STE 107
JACKSONVILLE, FL 32217 US

Mailing Address

6015 MORROW ST. EAST
STE 107
JACKSONVILLE, FL 32217 US



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3087621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANNING MANAGEMENT, INC.
6015 MORROW ST. EAST
STE 107
JACKSONVILLE, FL 32217

**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

L. Scott Sullivan, Mgt agent
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

4/30/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000949541

05/03/08 0002 000 01.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARRINGTON, AMY 1558 MOUNTAIN LAKE DRIVE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESCH, DENNIS 1578 MOUNTAIN LAKE DRIVE W JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARRINGTON, GRIGGIN 1558 MOUNTAIN LAKE DRIVE WESY JACKSONVILLE, FL 32221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Amy Warrington, PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

904.730.7071
Daytime Phone #