

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 031 ****61.50

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1. Entity Name
COUNTRY CREEK ESTATES ASSOCIATION, INC.



Principal Place of Business

5205 SOUTH ORANGE AVE
SUITE D
ORLANDO, FL 32809 US

Mailing Address

5205 SOUTH ORANGE AVE
SUITE D
ORLANDO, FL 32809 US

DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3229908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUSE OF MGMT ETPRS.FOR COMM ASAS, INC.
5205 SOUTH ORANGE AVE
SUITE D
ORLANDO, FL 32809

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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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELHARTY, CECILIA
STREET ADDRESS 239 OLD MILL CIR
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE PD
NAME HAYES, VALARIE
STREET ADDRESS 244 OLD MILL CIR.
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE STD
NAME THOMPSON, RICHARD
STREET ADDRESS 245 OLD MILL CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #