


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

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90045 005 ****61.25

DOCUMENT # N92000000861	
1. Entity Name COUNTRY CREEK ESTATES ASSOCIATION, INC.	
	
Principal Place of Business 5205 SOUTH ORANGE AVE SUITE <i>B 206</i> ORLANDO, FL 32809 US	Mailing Address 5205 SOUTH ORANGE AVE SUITE <i>B 206</i> ORLANDO, FL 32809 US



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3229908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent HOUSE OF MGMT ETPRS.FOR COMM ASAS, INC. 5205 SOUTH ORANGE AVE SUITE <i>B 206</i> 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 _____ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELHARTY, CECILIA 239 OLD MILL CIR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, VALARIE 244 OLD MILL CIR. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, RICHARD 245 OLD MILL CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec/IR-A400R 2/4/08 407390 0032