

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001036

1. Entity Name  
COUNTRY CREEK HOME OWNERS ASSOCIATION OF  
SUWANEE COUNTY, INC.



Principal Place of Business  
P.O. BOX 831  
14043 31ST PLACE  
WELLBORN, FL 32094

Mailing Address  
P.O. BOX 831  
14043 31ST PLACE  
WELLBORN, FL 32094



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3440377

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

VARDELL, LARRY G  
14043 31ST PLACE  
WELLBORN, FL 32094

**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

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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000077644  
03/05/04 80051-017-70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARDELL, LARRY G
STREET ADDRESS	14043 31ST PLACE
CITY-STATE-ZIP	WELLBORN, FL 32094
TITLE	VPD
NAME	PEREZ, JOSEPH
STREET ADDRESS	13872 31ST PLACE
CITY-STATE-ZIP	LAKE CITY, FL 32024
TITLE	STD
NAME	VARDELL, PEGGY B
STREET ADDRESS	14043 31ST PLACE
CITY-STATE-ZIP	WELLBORN, FL 32094
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Larry G. Varde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04 386-963-5711  
Date Daytime Phone