2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001036

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

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

02172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3440377
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000644491
03/02/07-80044-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARDELL, LARRY G
STREET ADDRESS	14043 31ST PLACE
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	VPD
NAME	PEREZ, JOSEPH
STREET ADDRESS	13872 31ST PLACE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	STD
NAME	VARDELL, PEGGY B
STREET ADDRESS	14043 31ST PLACE
CITY-ST-ZIP	WELLBORN, FL 32094
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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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: Larry G Vardell 2-18-07 386-963-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #