

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N97000004564</b>						<b>FILED</b> <b>08 AUG 25 PM 2:58</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> COLLIER CREEK ESTATES HOMEOWNERS' ASSOCIATION, INC.				<b>Principal Place of Business</b> 774 HOLDEN AVE SEBASTIAN, FL 32958			
<b>Mailing Address</b> P.O. BOX 780305 SEBASTIAN, FL 32978-0305				<b>2. Principal Place of Business - No P.O. Box #</b>			
<b>3. Mailing Address</b>				<b>4. FEI Number</b> 65-1016894			
<b>Suite, Apt. #, etc.</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>City &amp; State</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>Zip</b>				<b>6192008 Chg-NP CR2E037 (12/06)</b>			
<b>Country</b>				<b>6. Name and Address of Current Registered Agent</b>			
<b>7. Agent</b> HALL, PATRICK 774 HOLDEN AVE SEBASTIAN, FL 32958				<b>Space Coast Property Management</b> <b>645 Classic Court Suite #104</b> <b>Melbourne, FL 32940</b>			
<b>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.</b>				<b>8/18/08</b>			
<b>SIGNATURE</b> <i>[Signature]</i>				<b>DATE</b>			
<b>Amended AR is \$61.25</b>				<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> HALL, PATRICK <b>STREET ADDRESS</b> 774 HOLDEN AVE <b>CITY-ST-ZIP</b> SEBASTIAN, FL 32958				<b>TITLE</b> V <b>NAME</b> HALL, PATRICK <b>STREET ADDRESS</b> 774 HOLDEN AVE <b>CITY-ST-ZIP</b> SEBASTIAN, FL 32958			
<b>TITLE</b> V <b>NAME</b> MARTIN, ROBERT <b>STREET ADDRESS</b> 744 HOLDEN AVE <b>CITY-ST-ZIP</b> SEBASTIAN, FL 32958				<b>TITLE</b> P <b>NAME</b> MARTIN, ROBERT <b>STREET ADDRESS</b> 744 HOLDEN AVE <b>CITY-ST-ZIP</b> SEBASTIAN, FL 32958			
<b>TITLE</b> T <b>NAME</b> JOHNSON, ROBERT <b>STREET ADDRESS</b> 741 S. EAST ST. <b>CITY-ST-ZIP</b> SEBASTIAN, FL 32958				<b>TITLE</b> T <b>NAME</b> Johnson, Robert <b>STREET ADDRESS</b> 741 S. East St. <b>CITY-ST-ZIP</b> Sebastian, FL 32958			
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]				<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]			
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]				<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]			
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]				<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]			
<b>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.</b>				<b>300135603023</b> <b>09/09/08--01027--005 **\$1.25</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>				<b>8/18/08</b>			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				<b>321-7579609</b>			