

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90025 031 \*\*\*150.00

DOCUMENT # P96000080612

1. Entity Name

COUNTRY CREEK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

PATRICK COURT  
CLEARWATER FL 33760

Mailing Address

P.O. BOX 17105  
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3405283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DETAEYE, LORRAINE J  
15420 58 ST N  
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROWLEN, BRIAN	
STREET ADDRESS	5887 PATRICK CT.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CLAY, ROBERT E	
STREET ADDRESS	5803 PATRICK CT.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AGANON, JOSEFINA	
STREET ADDRESS	5862 PATRICK CT	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTIAGO, IVAN	
STREET ADDRESS	5851 PATRICK CT	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Hubbell	
STREET ADDRESS	15420 58th St. N.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Rowley	
STREET ADDRESS	5887 Patrick Ct.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Crewise	
STREET ADDRESS	5863 Patrick Ct.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/05 (727) 535-0605  
Date Daytime Phone #