

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90019 041 \*\*\*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

1st MOORE

CR2E034 (10/05)

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 **Brian Rowley**

Street Address (P.O. Box Number is Not Acceptable)  
**5887 Patrick Ct.**

City **Clearwater**

FL

Zip Code **33760**

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

**Brian Rowley**

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/28/06**

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

**After May 1, 2006 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** ☒ Delete  
NAME **HUBBELL, TIMOTHY**  
STREET ADDRESS **15420 58TH ST N**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VP** ☒ Delete  
NAME **ROUIEN, BRIEN**  
STREET ADDRESS **5887 PATRICK CT**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **S** ☒ Delete  
NAME **CREWSE, SUZANNE**  
STREET ADDRESS **5863 PATRICK CT**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **T** ☐ Delete  
NAME **SANTIAGO, IVAN**  
STREET ADDRESS **5851 PATRICK CT**  
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Brian Rowley**  
STREET ADDRESS **5887 Patrick Ct.**  
CITY-ST-ZIP **clearwater, FL 33760**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Bryce Fredericksen**  
STREET ADDRESS **5898 Patrick Ct.**  
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Linda Dawe**  
STREET ADDRESS **5814 Patrick Court, Clearwater,**  
CITY-ST-ZIP **33760**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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 SIGNING OFFICER OR DIRECTOR

**Brian Rowley**

**02-28-06 (727) 532-2189**

Date

Daytime Phone #