

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-21-2007 90025 008 ***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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3405283 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent ROWLEY, BRIAN 5887 PATRICK CT CLEARWATER FL 33760				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u>Linda Dawe</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)				02/08/07 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ROWLEY, BRIAN 5887 PATRICK CT CLEARWATER FL 33760	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Linda Dawe 5814 Patrick Ct. Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP FREDERKSON, BRUCE 5898 PATRICK CT CLEARWATER FL 33760	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Brian Rowley 5887 Patrick Ct. Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S DAVIS, LINDA 5814 PATRICK CT CLEARWATER FL 33760	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Josie Aganon 5862 Patrick Ct. Clearwater, FL 33760	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SANTIAGO, IVAN 5851 PATRICK CT CLEARWATER FL 33760	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Change ☐ Addition
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: <u>Linda Dawe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				03/19/07 (727) 532-2368 Date Daytime Phone #	