

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90006 037 ***150.00

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405283

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWLEY, BRIAN
5887 PATRICK CT
CLEARWATER FL 33760

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]

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	P	☒ Delete
NAME	DAWE, LINDA	
STREET ADDRESS	5814 PATRICK CT	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VP	☒ Delete
NAME	ROWLEY, BRIAN	
STREET ADDRESS	5887 PATRICK CT	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	☒ Delete
NAME	ANGANON, JOSIE	
STREET ADDRESS	5862 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		

TITLE	P	☐ Change ☒ Addition
NAME	BRYCE FREDERICK	
STREET ADDRESS	5887 Patrick Ct.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	VP	☐ Change ☒ Addition
NAME	Linda Dawe	
STREET ADDRESS	5814 Patrick Ct.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	S	☐ Change ☒ Addition
NAME	Bryan Rowley	
STREET ADDRESS	5887 Patrick Ct.	
CITY-ST-ZIP	Clearwater, FL 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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

DATE

727-798-0859

DEPARTMENT OF STATE