2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734963



FILED Jan 09, 2003 8:00 am Secretary of State

1. Entity Nat	CREEK PROPERTY OWNERS	ASSOCIATION, INC.			01-09-2003 90139 016 ****		
Principal Place of Business 1000 OSCEOLA TR. ST AUGUSTINE FL 32086		Mailing Address 1000 OSCEOLA TR. ST AUGUSTINE FL 32086					
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Пс	HECK HERE IF MAKING CHANGE	S	
City & State		City & State			4. FEI Number 59-1679481 Applied For		
Zip Country		Zip Country			Not Applicable		
					Fee Required		
····	6. Name and Address of Current	Registered Agent	Name	7. Name and Addre	ess of New Registered Agent		
BUCHTE	ER, THEODORE W			·	<u> </u>		
	ONE WOLF TRAIL		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
ST. AUG	BUSTINE FL 32086			····	, <u>, , , , , , , , , , , , , , , , , , </u>		
			City		₽ Zip Co	Ha.	
	e named entity submits this statement f				rL '		
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribution			ontribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of	State	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS I	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOEFER, CARL 3580 LONE WOLF TRAIL ST AUGUSTINE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONELLI, FRANK 3505 LONE WOLF TRAIL SAINT AUGUSTINE FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP -	• **	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORSE, CAROL 3648 LONE WOLF TRAIL SAINT AUGUSTINE FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCHTER, THEODORE W 3550 LONE WOLF TRAIL ST. AUGUSTINE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	D DUFFY, NISHMA 3530 LONE WOLF TRAIL ST. AUGUSTINE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTEIRA, ALICE J. 3673 LONE WOLF TRAIL ST. AUGUSTINF FI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

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 is 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.

SIGNATURE:

1-6-03 904.797.4870