

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90043 003 ****61.25

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DOCUMENT # N04000003147	
1. Entity Name ASBEL CREEK ASSOCIATION, INC.	



Principal Place of Business 5100 W. LEMON STREET SUITE 306 TAMPA, FL 33609	Mailing Address 5100 W. LEMON STREET SUITE 306 TAMPA, FL 33609
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2. Principal Place of Business		3. Mailing Address 4131 Gunn Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
		33418	HILLS

02102005 Chg-NP CR2E037 (10/03)

4. FEI Number 75-3174265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A ESQ. 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD BARRY I. KARPAN	5100 W Lemon Street #306	Tampa, FL 33609				
	VPD Frank Messina	5100 W Lemon Street #306	Tampa, FL 33609				
	STD Deborah L Hudrlik	5100 W Lemon Street #306	Tampa, FL 33609				

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 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: Deborah L Hudrlik Date: 3-22-05 Daytime Phone #: 813-282-1616

Deborah L Hudrlik
Secretary, Treasurer

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