2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006579

FILED Mar 19, 2009 Secretary of State

Entity Name: TRIPLE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3020 S FALKENBERG RD RIVERVIEW, FL 33569 3020 S FALKENBERG RD RIVERVIEW, FL 33578

Current Mailing Address: New Mailing Address:

3020 S FALKENBERG RD 3020 S FALKENBERG RD RIVERVIEW, FL 33569 RIVERVIEW, FL 33578

FEI Number: 26-1408474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NUNN, WILHELM
3020 S FALKENBERG RD
RIVERVIEW, FL 33569 US

NUNN, WILHELM
3020 S FALKENBERG RD
RIVERVIEW, FL 33578 US

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.

SIGNATURE: WILHELM NUNN 03/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: NUNN, WILHELM Name: NUNN, WILHELM

Name: NUNN, WILHELM

Address: 3020 S FALKENBERG RD

City-St-Zip: RIVERVIEW, FL 33569

Name: NUNN, WILHELM

Address: 3020 S FALKENBERG RD

City-St-Zip: RIVERVIEW, FL 33578

Title: D () Delete Title: () Change () Addition

 Name:
 MINOTTI, CANDIE
 Name:

 Address:
 3020 S. FALKENBURG RD
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33578
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 STIDHAM, BRIAN
 Name:
 EGGIMANN, BRYAN

 Address:
 3020 S. FALKENBURG RD
 Address:
 3020 S. FALKENBURG RD

 City-St-Zip:
 RIVERVIEW, FL 33578
 City-St-Zip:
 RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDIE MINOTT D 03/19/2009