

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005841

1. Entity Name

CREEKWOOD HOMEOWNERS ASSOCIATION OF MELBOURNE, I

Principal Place of Business

1740 WILLIAMSBURG WAY
MELBOURNE FL 32934
US

Mailing Address

1740 WILLIAMSBURG WAY
MELBOURNE FL 32934
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1760 WILLIAMSBURG WAY

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32934

Country

US

4. FEI Number

59-3439449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, BILLY
1735 WILLIAMSBURG WAY
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

GEARHART, STEVEN

Street Address (P.O. Box Number is Not Acceptable)

1765 WILLIAMSBURG WAY

City

MELBOURNE

FL

Zip Code

32934

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.

SIGNATURE

[Signature]

STEVEN GEARHART

4/15/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, BILLY	
STREET ADDRESS	1735 WILLIAMSBURG WAY	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COOLEY, ALWYN	
STREET ADDRESS	1780 WILLIAMSBURG WAY	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PIETRUSZEWICZ, LISA	
STREET ADDRESS	1740 WILLIAMSBURG WAY	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, STEVEN	
STREET ADDRESS	1765 WILLIAMSBURG WAY	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, SANDY	
STREET ADDRESS	1710 WILLIAMSBURG WAY	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAR, KATHRYN F.	
STREET ADDRESS	1760 WILLIAMSBURG WAY	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* KATHRYN F. LAZAR 4/10/01 321-242-2939

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90236 020 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)