2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2005 8:00 am Secretary of State **DOCUMENT # N96000005841** 1. Entity Name CREEKWOOD HOMEOWNERS ASSOCIATION OF 03-31-2005 90058 021 ****61.25 MELBOURNE, INC. Principal Place of Business Mailing Address 1740 WILLIAMSBURG WAY 1760 WILLIAMSBURG WAY 9003283**0** MELBOURNE, FL 32934 MELBOURNE, FL 32934 2. Principal Place of Business 3. Mailing Address 1735 Williams burg Way 1720 W Suite, Apt. #, etc. 01212005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 59-3439449 Melbourn lelbourne Not Applicable Country \$8.75 Additional 2934 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, RICHARD B 1700 WILLIAMSBURG WAY Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32934 iamsburg 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 March 25, 2005 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change Addition TD Delete TITLE TITLE ROGERS, RICHARD B NAME De Meyer, Br 1735 Willia NAME STREET ADDRESS 1700 WILLIAMSBURG WAY STREET ADDRESS MELBOURNE, FL 32934 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TOTI F ☐ Change TITE F PIETRUSZEWICZ, LISA NAME 1740 WILLIAMSBURG WAY STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32934 CITY-ST-ZIP CITY-ST-7IP PD TITLE Delete TITLE Change ☐ Addition TURCK, CLAY NAME NAME 1720 WILLIAMSBURG WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934 CITY - ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 (ike empowered. SIGNATURE:

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