2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

DOCLI				~ •	or cour y		
DOCUMENT # N9600005841 1. Entity Name CREEKWOOD HOMEOWNERS ASSOCIATION OF MELBOURNE, INC.				_ i	1-18-2007 90093		
Principal Plac 1720 WILLIA MELBOURNE	MSBURG WAY	Mailing Address 1720 WILLIAMSBURG WA MELBOURNE, FL 32934				LILI LIILI ISIL BILLI II	[5 4\
2. Principal P	Williamsburg Way	3. Mailing Address	ms burg W	/4×			
Suite, Apt.	#, etc / /	Suite, Apt. #, etc.	J	01092007	Chg-NP CR	2E037 (12/06)	
City & Stat	bourne FL	City & State Melbourne		4. FEI Number 59-34394	49	<u> </u>	plied For t Applicable
3293	, , , , , , , , , , , , , , , , , , , ,	^{Zip} 32934	Country	5. Certificate of S		Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Ad	dress of New Registe	red Agent	
DE MEYER, BRIAN S 1735 WILLIAMSBURG WAY				Street Address (P.O. Box Number is Not Acceptable)			
MELBOURNE, FL 32934			-			 :	
			City			Zip Code	Δ
8. The above	named entity submits this statement for	r the ouroose of changing its re		r registered agent, or both, in		PL	
the obligat	ions of registered agent.	the perpendicular straight great to	giotor da dirico di	Togictorod agorit, or both, i	Tallo Stato Str Torros.	tarriar war,	and accept
0.00147100							
SIGNATURE .	Signature, typed or printed name of registered spent:	and tritle if annilination (NOTE: 5	Panistarad Anant sinnati	ura raquirad whan reinstation)	ח	ATE	
SIGNATURE .	Signature, typed or printed name of registered agent			ure required when reinstating)		ATE	
SIGNATURE .	Signature, typed or printed name of registered agent. Filling Fee Is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing	standard when renstating) \$5.00 May Be Added to Fees	Make c	heck payable to	
.¢ ''	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make c	heck payable to epartment of St D DIRECTORS IN	10
.¢ **	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing ntribution.	\$5.00 May Be Added to Fees	Make c Florida D	heck payable to epartment of St	ate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF TD DE MEYER, BRIAN S 1735 WILLIAMSBURG WAY	9. Election Camp Trust Fund Co	naign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make c Florida D	heck payable to epartment of St D DIRECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIF TD DE MEYER, BRIAN S 1735 WILLIAMSBURG WAY MELBOURNE, FL 32934 SD PIETRUSZEWICZ, LISA 1740 WILLIAMSBURG WAY	9. Election Camp Trust Fund Co	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANC	Make of Florida D	heck payable to epartment of St D DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF TD DE MEYER, BRIAN S 1735 WILLIAMSBURG WAY MELBOURNE, FL 32934 SD PIETRUSZEWICZ, LISA 1740 WILLIAMSBURG WAY MELBOURNE, FL 32934 PD TURCK, CLAY 1720 WILLIAMSBURG WAY	9. Election Camp Trust Fund Col RECTORS Delete	Daign Financing ITI. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make of Florida D	heck payable to epartment of St D DIRECTORS IN Change	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

(321) 309-7356