## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005841

FILED Apr 19, 2009 Secretary of State

Entity Name: CREEKWOOD HOMEOWNERS ASSOCIATION OF MELBOURNE, INC.

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

1735 WILLIAMSBURG WAY
MELBOURNE, FL 32934 US
MELBOURNE, FL 32934 US
MELBOURNE, FL 32934 US

Current Mailing Address: New Mailing Address:

1735 WILLIAMSBURG WAY
MELBOURNE, FL 32934 US

1765 WILLIAMSBURG WAY
MELBOURNE, FL 32934 US

FEI Number: 59-3439449 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:

DE MEYER, BRIAN S GEARHART, PAMELA A
1735 WILLIAMSBURG WAY 1765 WILLIAMSBURG WAY
MELBOURNE, FL 32934 US MELBOURNE, FL 32934 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: PAMELA A. GEARHART 04/19/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:TD() DeleteTitle:TD(X) Change () AdditionName:DE MEYER, BRIAN SName:GEARHART, PAMELA AAddress:1735 WILLIAMSBURG WAYAddress:1765 WILLIAMSBURG WAYCity-St-Zip:MELBOURNE, FL 32934City-St-Zip:MELBOURNE, FL 32934

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FOWLER, ERIC
 Name:

 Address:
 1730 WILLIAMSBURG WAY
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 SCHIRMER, CATHRYN
 Name:

 Address:
 1750 WILLIAMSBURG WAY
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

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: PAMELA A. GEARHART TD 04/19/2009