2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 700695

Entity Name: SOUTH CREEK VILLAGERS, INC.

Current Principal Place of Business:

HOMEOWNERS PARK
SOUND DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2426
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0094005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGERALD, CONSTANCE L
446 LARGO AVE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MULKEEN, JOHN
Address: 366 SOUND DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: MAKAR, ANDREW
Address: 312 SOUND DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: TIPTON, PAUL
Address: 342 SOUND DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VP ( ) Delete
Name: WINKLER, BARBARA
Address: 428 COLLINS STREET
City-St-Zip: KEY LARGO, FL 33037

Title: S/T ( ) Delete
Name: FITZGERALD, CONSTANCE L
Address: 446 LARGO AVE
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete
Name: BISHOP, CLINTON
Address: 348 SOUND DR
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CONSTANCE FITZGERALD S/T 03/09/2009
Electronic Signature of Signing Officer or Director — Date