FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name 706041

(1)

CREEK CLUB #3, INC.

Dispinal Dispert Business - Mailing Address									# 	
Principal Place of Business Mailing Address										
	WATERWAY DRIVE		8040 TATUM WATERWAY DRIVE							
APT 20 MIAMI BEACH	I FL 33141-5307	APT 20 MIAMI BEACH FL 33141-5307			1					
WITHIN DEFICE	1 TE 30141 3007	WINNI DENOTITE OUT	5007			corporated or Qualified /15/1963	3a. Date 04,	of Last F /17/19		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Nu			A	pplied For	
21		26			59	-1060757		N	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certific	ate of Status Desired	D ;	\$8.75 Additional Fee Required		
City & State	9	City & State				n Campaign Financing und Contribution	S5.00 May Be Added to Fees			
Zip	Country	Zip	Country	,	8. This co	rporation has liability for it	ntangible tay u	nder s.	199.032,	
4 25 29 30				Florida Statutes Yes W No						
	9. Name and Address of Curre	nt Registered Agent		, , ,	10. Name	and Address of New Ro	egistered Age	ent		
			81	Name						
	DS, WILLIAM		82	Street	Address (P.O. Box	Number is Not Acceptabl	e)			
	TUM WATERWAY DRIVE #20			<u> </u>						
MIAMI BI	EACH FL 33141		83							
			84	' '			FLI		Code	
11. Pursuant	to the provisions of Sections 617.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 617.1508, Florida Statute	s, the above-	named c	orporation submits	this statement for the purp	oose of chang	ing its re	gistered office	
or register familiar wi	red agent, or both, in the State of Flor th, and accept the obligations of Sec	ida. Such change was authorize ∌ion 617.0503∡Borida Statutes.	ed by the corp	poration's	s board of directors.	Thereby accept the appo	intment as reg	istered	agent. I am	
SIGNATURE 3	1 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1100010				Vin	101	96		
SIGNATURE .	Signature, typed or printed name of registered ager	and the Happingon (NO)	TE: Registered Age	nt signature	required when reinstating)	- Jan	DATE	7 8		
12.		ND DIRECTORS	13.		ADDITI	ONS/CHANGES TO OFFI			RS IN 12	
TITLE	P	DELETE	11 TITLE		L	Ç.		Change	☐ Addition	
NAME	MEDEROS, WILLIAM	NI #= # # # #	12 NAME		1					
STREET ADDRESS	8040 TATUM WATERWAY DR	(IVE #20	13 STREE	I ADDRESS						
CHTY - ST - ZIP	MIAMI BEACH FL 33141		14 CITY -	ST-ZIP	ļ				F3	
TITLE	SD COFOMBEOC BURKT	DELETE	2 1 TITLE				L11	Change	Addition	
NAME	GREENBERG, RUTH	•	2 2 NAME							
STREET ADDRESS	8040 TATUM WATERWAY #2 MIAMI BEACH FL 83141	<u> </u>		I ADDRESS						
CITY - ST - ZIP TITLE	D MECHINAL SOLVETE		2 4 CHTY - ST - ZIP 3 1 TITLE		<u> </u>			Change	Addition	
NAMÉ	SHULDINIR, HELEN	₽	3 2 NAME					onange		
STREET ADDRESS	8040 TATUM WATERWAY #	19		T ADDRESS						
CITY-ST-ZIP	MIAM BEACH FL 33141		3 4 CITY							
TITLE	D	DELETE	4.1 TITLE	E/I	1			Change	☐ Addition	
NAME	LORTIE, CELINE M		4 2 NAMÉ							
STREET ADDRESS	8040 TATUM WATERWAY #	16	4.3 STREE	T ADDRESS						
CITY - S1 - ZIP	MIAMI BEACH FL 33141		4.4 CITY -	ST-ZIP						
TiTLE	TD	DELETE	5 1 TITLE					Change	☐ Addition	
NAME	VEGA, BURI	_	5 2 NAMÉ							
STREET ADDRESS	8040 TATUM WATERWAY #	8	5 3 STREE	t address						
CITY - ST - ZIP	MIAMI BEACH FL 33141	——————————————————————————————————————	5 4 CITY -	ST-ZIP						
TITLE	VP	DELETE	6 1 TITLE					Change	☐ Addition	
NAME	TAMBURRI, MARIA P	10	6 2 NAME							
STREET ADDRESS	8040 TATUM WATERWAY #1	IV		T ADDRESS						
CITY-SI-ZIP	MIAMI BEACH FL 33141 by certify that the information supplied	Lwith this filing is voluntarily furni	64 CITY-		alify for the exempti	on stated in Section 119	07(3)(k) Florid	Statute	os I further	
certify tha	it the information indicated on this ann	nual report or supplemental annu	ual report is tr	ue and a	ccurate and that my	signature shall have the	same legal effi	ect as if	made under	
	Ham an officer or director of the corp n Block 12 or Block 13 if changed, or			to exect	ne this report as rec	quired by Chapter 617, Flo	nida Statutes;	ano tha	rny name	
	1/////	105 Man Dans				(1	_/	19 .:		
SIGNAT	「URE: ~ ///////////////////////////////////	11 111 20000	N			- Har	1-19/9	1/2		
	SIGNATURE AND TYPED C	ON PRINTED NAME OF SIGNING OFFICE	R OH DIRECTOR			Date	Defen	nai Phone #	,	