
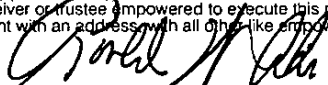


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90128 026 ****61.25

DOCUMENT # 743342 1. Entity Name SOUTH CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business 1162 INDIAN HILLS BLVD VENICE, FL 34293 US			Mailing Address 1162 INDIAN HILLS BLVD VENICE, FL 34293 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2632464	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CALDWELL, ANNETTE K 1162 INDIAN HILLS BLVD VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORDAN, JANON		NAME	Charles Strumpf	
STREET ADDRESS	356 SOUTH CREEK DR.		STREET ADDRESS	366 South Creek Drive	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Osprey FL 34229	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CWIRKO, RONALD		NAME	James Boyd	
STREET ADDRESS	1768 SOUTH CREEK LANE		STREET ADDRESS	1729 South Creek Drive	
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP	Osprey FL 34229	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUMPF, CHARLES		NAME		
STREET ADDRESS	366 S CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, JEFF		NAME		
STREET ADDRESS	452 SOUTH CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, LIZ		NAME		
STREET ADDRESS	384 SOUTH CREEK CT		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.					
SIGNATURE:  Ronald Cwirko 9/18/05 9414082923					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					