

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743342

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOUTH CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1162 INDIAN HILLS BLVD
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILLS BLVD
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-2632464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYS CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293 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: SD () Delete
Name: WANVIG, STEVE
Address: 449 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

Title: TD () Delete
Name: CWIRKO, RONALD
Address: 1768 SOUTH CREEK LANE
City-St-Zip: OSPREY, FL 34229

Title: PD () Delete
Name: NUTTEN, DANIELLE
Address: 431 S CREEK DR
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: JOHNSON, KAREN
Address: 1824 ISLAND WAY
City-St-Zip: OSPREY, FL 34229

Title: VD () Delete
Name: MOONEY, JOHN
Address: 437 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: NUTTEN, DANIELLE
Address: 431 S CREEK DR
City-St-Zip: OSPREY, FL 34229

Title: PD (X) Change () Addition
Name: JOHNSON, KAREN
Address: 1824 ISLAND WAY
City-St-Zip: OSPREY, FL 34229

Title: D (X) Change () Addition
Name: MOONEY, JOHN
Address: 437 SOUTH CREEK DRIVE
City-St-Zip: OSPREY, FL 34229

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: KAREN JOHNSON

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date