
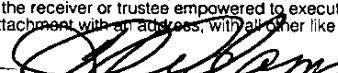


FILED
Feb 24, 2006 8:00 am
Secretary of State

<h1 style="margin:0;">DOCUMENT # 763278</h1>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">1. Entity Name CREEK FOREST HOMEOWNERS ASSOCIATION, INC.</div><div style="width: 5%;"></div><div style="width: 50%;"></div></div>					
Principal Place of Business 1213 NW 39 AVE GAINESVILLE, FL 32605			Mailing Address 2622 N.W. 43RD STREET SUITE A-3 GAINESVILLE, FL 32606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
ADAMS, HAWES N 2622 N.W. 43RD STREET SUITE A-3 GAINESVILLE, FL 32606					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOYKIN, BILL <input type="checkbox"/> Delete P.O. BOX 380076 JACKSONVILLE, FL 32205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNOEREN, MARGE <input type="checkbox"/> Delete 1566 MOORINGS DR, APT 2B RESTON, VA 201904812				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, STEVEN <input type="checkbox"/> Delete 3415 NW 177 AVE. GAINESVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHACKOW, RICHARD <input type="checkbox"/> Delete 177 NW 63 ST. GAINESVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D HA 26/				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  HAWES N. ADAMS					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					