2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90022 043 ****61.25

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1. Entity Name
CREEK FOREST HOMEOWNERS ASSOCIATION INC.



		SOCIATION, INC.		411113	. -				
Principal Place of Business 1213 NW 39 AVE GAINESVILLE, FL 32605 Mailing Address 2622 N.W. 43RD SUITE A-3 GAINESVILLE, FL				MINIMINIA JUULUN)			
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01282008 Chg-N	P CR2E037 (1	12/06)			
City & State		City & State		4. FEI Number 59-3148148		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status I		75 Additional Required			
	6. Name and Address of Current R	legistered Agent		7. Name and Address	of New Registered Agen	nt			
ADAMS H	ANATES N		Name						
ADAMS, HAWES N 2622 N.W. 43RD STREET SUITE A-3			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
	LLE, FL 32606								
			City		FL	Zip Code			
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the S	State of Florida. I am famil	liar with, and accept			
SIGNATURE -	Signature, typed or printed name of registered agent ar	nd title (applicable (NOTE: I	Registered Agent signature require	ed when reinstating)	DATE				
	Filing Foo in 664 95	9. Election Camp	naion Financina	#5.00 - T	Make check pay				
						vable to			
	Filing Fee is \$61.25 Due by May 1, 2008	Trust Fund Co		\$5.00 May Be Added to Fees	Florida Departme				
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Co			Florida Departme	nt of State			
TITLE	Due by May 1, 2008 OFFICERS AND DIRI	Trust Fund Co	11.	Added to Fees	Florida Department	nt of State			
TITLE NAME	OFFICERS AND DIRI VPD BOYKIN, BILL	Trust Fund Co	ntribution. 11. IIILE NAME	Added to Fees	Florida Department	nt of State TORS IN 10			
TITLE	Due by May 1, 2008 OFFICERS AND DIRI	Trust Fund Co	11.	Added to Fees	Florida Department	nt of State TORS IN 10			
TITLE NAME STREET ADDRESS	OFFICERS AND DIRI VPD BOYKIN, BILL P.O. BOX 380076	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Departmen	nt of State TORS IN 10			
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI VPD BOYKIN, BILL P.O. BOX 380076 JACKSONVILLE, FL 32205	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departmen	nt of State TORS IN 10 Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRI VPD BOYKIN, BILL P.O. BOX 380076 JACKSONVILLE, FL 32205 PD SNOEREN, MARGE 960 FELL ST APT 309	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departmen	nt of State TORS IN 10 Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIRI VPD BOYKIN, BILL P.O. BOX 380076 JACKSONVILLE, FL 32205 PD SNOEREN, MARGE 960 FELL ST APT 309 BALTIMORE, MD 21231	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Departmen	TORS IN 10 Change Addition Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008 OFFICERS AND DIRI VPD BOYKIN, BILL P.O. BOX 380076 JACKSONVILLE, FL 32205 PD SNOEREN, MARGE 960 FELL ST APT 309 BALTIMORE, MD 21231 D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departmen	nt of State TORS IN 10 Change Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 accurate and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

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Daytme Phone #