

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763278

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** CREEK FOREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1213 NW 39 AVE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2622 N.W. 43RD STREET  
SUITE A-3  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-3148148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, HAWES N  
2622 N.W. 43RD STREET  
SUITE A-3  
GAINESVILLE, FL 32606 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: VPD ( ) Delete  
Name: BOYKIN, BILL  
Address: P.O. BOX 380076  
City-St-Zip: JACKSONVILLE, FL 32205

Title: PD ( ) Delete  
Name: SNOEREN, MARGE  
Address: 960 FELL ST APT 309  
City-St-Zip: BALTIMORE, MD 21231

Title: D ( ) Delete  
Name: FISCHER, STEVEN  
Address: 3415 NW 177 AVE.  
City-St-Zip: GAINESVILLE, FL

Title: SD ( ) Delete  
Name: SCHACKOW, RICHARD  
Address: 177 NW 63 ST.  
City-St-Zip: GAINESVILLE, FL

Title: TD ( ) Delete  
Name: ADAMS, HAWES N  
Address: 2622 NW 43RD ST A 3  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: SNOEREN, MARGE  
Address: 700 DOUGLAS AVE. APT. # 408  
City-St-Zip: MINNEAPOLIS, MN 55403

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

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

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

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: HAWES ADAMS

D

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date