

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769049

FILED
Jun 22, 2008
Secretary of State

Entity Name: CREEK'S BEND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1052 CREEKS BEND DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1033 CREEKS BEND DRIVE
CASSELBERRY, FL 32707 US

Current Mailing Address:

5840 RED BUG LAKE RD
NO 70
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 59-2429878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCULLOH, NEAL
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 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: P () Delete
Name: SINGLETARY, LARRY
Address: 1050 CREEKS BEND DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: SCHWARTZER, VIRGINIA
Address: 1051 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: SISSON, SUSAN
Address: 1031 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: DUKE, CRAIG
Address: 1034 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: MAL () Delete
Name: ASTAFAN, VIRGINIA
Address: 1054 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENTLEY, TODD
Address: 1033 CREEKS BEND DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP (X) Change () Addition
Name: STILP, JAKE
Address: 1040 CREEKS BEND DR
City-St-Zip: CASSELBERRY, FL 32707

Title: T (X) Change () Addition
Name: JUDY, CASEY
Address: 1024 CREEKS BEND DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change () Addition
Name: CASEY, KEVIN
Address: 1024 CREEKS BEND DR
City-St-Zip: CASSELBERRY, FL 32707

Title: MAL (X) Change () Addition
Name: SINGLETERRY, LARRY
Address: 1050 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

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: TODD BENTLEY

P

06/22/2008

Electronic Signature of Signing Officer or Director

Date