

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769049

FILED
Apr 02, 2010
Secretary of State

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

Current Principal Place of Business:

1033 CREEKS BEND DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1043 WHISPERING COVE
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 ()**

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
Name: GOTTSCHALK, BRIAN
Address: 1043 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP
Name: BENTLEY, TODD
Address: 1033 CREEKS BEND DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: T
Name: MURPHY, MIKE
Address: 1050 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

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

Title: MAL
Name: HARGREAVES, KEITH
Address: 1035 WHISPERING COVE
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: MIKE MURPHY

T

04/02/2010

Electronic Signature of Signing Officer or Director

Date