2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 770452

1. Entity Name



FILED
Jul 06, 2006 8:00 am
Secretary of State
secretary or state

07-06-2006 90005 028 ****61.25

	Y CREEK VILLAGE GREEN I THIRTEEN, ASSOCIATIO								
5695 ARVINE CIRCLE 280		Mailing Address 2801 G ESTERO BLVD. FORT MYERS BEACH, F						-	
2. Principal Place of Business 5660 BADEN COURT		3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			06132006 Ch	ıg-NP	CR2E037 (4	1/06)	
City & State FORT MYERS, FL		City & State			4. FEI Number 59-236714	Ω			plied For
Zip	Country	Zip	Country		5. Certificate of St			75 Add	
33919	6. Name and Address of Current	Registered Agent			7. Name and Add		Fee F	Require	d ————————————————————————————————————
HAMMONI	D, BURTON		Name	JOSE	PH VALENTI		<u> </u>	•	
5695 ARV	INE CIRCLE ERS, FL 33919		Street A		P.O. Box Number is to BADEN COU				
. •	· ·		City	FORT	MYERS		FL Z	ig Ggg	19
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office o	r registere	ed agent, or both, in	the State of Flor	ida. I am familia	ar with,	and accept
SIGNATURE .	JOSEPH VALENTINO, I		: Register d Agent signal	<u>La</u>	Valente when reinstating)	KO	DATE		
			<u></u>						
11.5	Filing Fee is \$61.25	9. Election Can	noaign Financing		\$5.00 v	Ma	ke check nav	able to	n
	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		ke check pay Ia Departmen		
10.	ue by September 6, 2006 OFFICERS AND DIE	Trust Fund C	Contribution.	A		Florid	da Departmen	t of St	ate 10
10.	OFFICERS AND DIE	Trust Fund C	11.	□ A `PD	Added to Fees	Floric	da Departmen	t of St	ate
10.	ue by September 6, 2006 OFFICERS AND DIE	Trust Fund C	Contribution.	PD JOSE	Added to Fees	Florid ES TO OFFICER NO	da Departmen	t of St	ate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE PD HAMMOND, BURTON, 5695 ARVINE CIRCLE FORT MYERS, FL 33919	Trust Fund C	11. THILE NAME	PD JOSE 5660	Added to Fees DDITIONS/CHANGI	Florid ES TO OFFICER NO RT	da Departmen	t of St	ate 10
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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 address, with all other like empowered.

SIGNATURE: JOSEPH VALENTINO, PRESIDENT South Q Valenture
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date

ATTACH

-/26/06

DIIn. Valentino!

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