

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007928

1. Entity Name
CREEK FARMS HUNT CLUB, INC.



Principal Place of Business
ONE INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009

Mailing Address
ONE INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009



04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BERT C ESQ.
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000308783
04/18/05-60011-010 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOVETT, R.D.
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 1600
CITY - ST - ZIP JACKSONVILLE, FL 322025009

TITLE VPTD
NAME SHIELDS, D.R.
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 1600
CITY - ST - ZIP JACKSONVILLE, FL 322025009

TITLE D
NAME GERVIN, SYDNEY A III
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 1600
CITY - ST - ZIP JACKSONVILLE, FL 322025009

TITLE S
NAME MELLO, JEANNINE
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 1600
CITY - ST - ZIP JACKSONVILLE, FL 322025009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #