

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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**

DO NOT WRITE IN THIS SPACE

03312006 No Chg-NP CR2E037 (11/05)

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**

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

U00000501427
04/25/06-80063-002 61.25

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IN THIS SPACE**

12. 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 "the empowered"

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

904-634-8808

Daytime Phone #