

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002020

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** CREEKWOOD HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

429 S NAVY BLVD  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

429 S NAVY BLVD  
PENSACOLA, FL 32507 US

**New Mailing Address:**

**FEI Number:** 59-3717005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLENN DORSEY, INC  
429 S NAVY BLVD  
PENSACOLA, FL 32507 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: D  
Name: MULLINS, DAN  
Address: 2021 JUNO CIRCLE  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: MULLINS, BRENDA  
Address: 2021 JUNO CIRCLE  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: SZULCZWESK, LINDA  
Address: 8002 MOSSY CREEK  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: KLOTTER, SANDY  
Address: 4100 BAMBOO  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: GAY, JOANNE  
Address: 2067 JUNO CIR  
City-St-Zip: PENSACOLA, FL 32526

Title: D  
Name: LONG, PAM  
Address: 2128 JUNO CIR  
City-St-Zip: PENSACOLA, FL 32526

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: LINDA SZULCZWESK

D

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date