

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 030 ****61.25

DOCUMENT # N01000002589					
1. Entity Name CREEKSIDE OF DEAN ROAD HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1750 W. BROADWAY ST. 118 OVIEDO, FL 32765			Mailing Address 1750 W. BROADWAY ST. 118 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 1750 W. Broadway St. Suite, Apt. #, etc. Suite #220 City & State Oviedo, FL Zip 32765 Country USA		3. Mailing Address PO BOX 620368 Suite, Apt. #, etc. Suite #220 City & State Oviedo, FL Zip 32762 Country USA		40030000 01112008 Chg-NP CR2E037 (12/06)	
4. FEI Number 14-1839115				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVIS, KEVIN COMMUNITY AIGMLSPECIALISTS, INC 1750 W. BROADWAY ST #118 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name <u>Kevin Davis</u> Street Address (P.O. Box Number is Not Acceptable) <u>1750 W. Broadway Street</u> Suite #220 City <u>Oviedo</u> FL <u>32762</u>		
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 <u>[Signature]</u> DATE <u>3/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARMON, CRYSTAL 10219 CODY LANE ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS SINGER 10127 CODY LANE ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JONATHAN DONAHUE 10254 CODY LANE ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY. DANIEL RIVERA 10213 CODY LANE ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.					
SIGNATURE: <u>Thomas Singer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/11/08</u>		Daytime Phone # <u>407-366-0193</u>