

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90084 031 ****61.25

DOCUMENT # N04000002873

1. Entity Name
CREEK VIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2630 S FALKENBURG RD
RIVERVIEW, FL 33569

Mailing Address
C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number

20-1675173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMM, STEVE
2630 S FALKENBURG RD
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name Leland Management

Street Address (P.O. Box Number is Not Acceptable)

8009 S. Orange Ave

City Orlando

FL

Zip Code 32809

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

Rebecca Furlow - President 4-15-05

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D/P
NAME GAMM, STEVE
STREET ADDRESS 2630 S FALKENBURG RD
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE D/ST
NAME HULL, JUDY
STREET ADDRESS 2630 S FALKENBURG RD
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE D/VP
NAME REAGAN, JOSEPH
STREET ADDRESS 2630 S FALKENBURG RD
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Steven E. Gamm

5/4/05 (813) 663-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #