

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 010 ****61.25

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03142007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # 409 E. College Ave		3. Mailing Address P.O. Box 1058	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33570		Zip 33575	
Country 		Country 	
4. FEI Number 20-1675173		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 LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable) 409 E. College Ave. City Ruskin FL Zip Code 33570	
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	DP MALCUIT, KEITH 2630 S FALKENBURG RD RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP MALCUIT, KEITH 2630 S FALKENBURG RD RIVERVIEW, FL 33569	O/P Richard Heidtman 11118 Creek Haven Dr Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/P Richard Heidtman 11118 Creek Haven Dr Riverview, FL 33569
DST HULL, JUDY 2630 S FALKENBURG RD RIVERVIEW, FL 33569	O/S Paul Pauquette 11122 Creek Haven Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/S Paul Pauquette 11122 Creek Haven Dr. Riverview, FL 33569
DVP REAGAN, JOSEPH 2630 S FALKENBURG RD RIVERVIEW, FL 33569	O/V Chris Doyle 11217 Creek Haven Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/V Chris Doyle 11217 Creek Haven Dr. Riverview, FL 33569
<input type="checkbox"/> Delete	O Ed Huber 11132 Creek Haven Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O Ed Huber 11132 Creek Haven Dr. Riverview, FL 33569
<input type="checkbox"/> Delete	O/T Thomas Fava 11177 Creek Haven Dr. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	O/T Thomas Fava 11177 Creek Haven Dr. Riverview, FL 33569
<input type="checkbox"/> Delete	<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: Richard Heidtman (813) 645-1569 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

4/15/07