## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 16, 2008 8:00 am Secretary of State

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DOCUMENT # N0400002873  1. Entity Name CREEK VIEW HOMEOWNERS ASSOCIATION, INC.							04-16-2008	8 90023 0	49 ****6	1.25
RUSKIN, FL 33570 TALLON C. RUSKIN, FL 33				<del>58-</del> 273708-		60024202				
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02262008	Chg-NP	CR2E03	7 (12/06)	
City & State			City & State			4. FEI Number Applied Fox 20-1675173 Not Applicable				
Zip	Zip Country		Zip	Country	5. Certificate of S		Status Desired		\$8.75 Add Fee Require	
	6 Name	and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	Agent	
WILSON, LOU ELLEN THE TROUBRUSH CO., INC. 409 E COLLEGE AVE 3421 VALLEY RANCH DR.				1 20,000	_ <del></del>					
RUSKIN, T	<del>-E-335</del> /0	LUTZ FL	•••		0-12	1 11100	<u> </u>	000 17		
		201 7/6	-7010	City		-UT3		FL	Zìp Cod	\$2/C
6. The above	named entity	v submits this statement for	or the purpose of changing its	registered office o			in the State of F		familiar with.	and accept
	tions of regist				- 9					
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SIGNATURE .	Signature typed	o posted name of registered asec	and title if annication (NOTE	245 RL	WHU	9. TRO	WBRIDE	at-	3/11/	18
SIGNATURE	Signature, typed	o printed name of registered agent	end ittle i applicabil (NOTE	249 QL Registered Agent signal	W 4 VI ture required	9. TRO when reinstating)	WBRIDE	DATE	3/11/1	18
SIGNATURE	Filing Fe	o pritted name of registered agent e is \$61.25 Tay 1, 2008		Registered Agent signal	ture required	ynen reinstating) \$5.00 May Be Added to Fees		DATE  Make check		, 1
SIGNATURE .	Filing Fe	e is \$61.25	9. Election Can Trust Fund C	Registered Agent signal	ture required	\$5.00 May Be	à a Fle	Make check	tment of S	tate .
·	Filing Fe	e is \$61.25 lay 1, 2008	9. Election Carr Trust Fund C	Registered Agent signal npaign Financing contribution.		\$5.00 May Be Added to Fees	NGES TO OFFIC	Make check orlda Depar	tment of S	tate .
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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 receiver.

CITY-ST-ZIP (

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-672-136 Daytime Phone #