

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002873

FILED
Mar 17, 2009
Secretary of State

Entity Name: CREEK VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POB 273708
TAMPA, FL 33688

New Principal Place of Business:

11272 CREEK HAVEN DRIVE
TAMPA, FL 33569

Current Mailing Address:

POB 273708
TAMPA, FL 33688

New Mailing Address:

PO BOX 273708
TAMPA, FL 33688

FEI Number: 20-1675173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE TROWBRIDGE CO., INC
3421 VALLEY RANCH DR
LUTZ, FL 33548 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: PD () Delete
Name: HEINZMAN, WILLIAM T
Address: 11236 CRK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: LUPEX, DARLENE
Address: 11172 CRK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: GAINES, RICHARD
Address: 11240 CRK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: DAPPALARDO, SUZANNE
Address: 11251 CRK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: DT () Delete
Name: WAGNER, SHEILA
Address: 11105 CRK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GAINES, RICHARD
Address: 11240 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VD (X) Change () Addition
Name: HUBER, ED
Address: 11132 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SD (X) Change () Addition
Name: OSTROWSKI, HEIDI
Address: 11142 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: TD (X) Change () Addition
Name: PAPPALARDO, SUZANNE
Address: 11251 CREEK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change () Addition
Name: WAGNER, SHEILA
Address: 11105 CRK HAVEN DR
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD GAINES

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date