

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003147

FILED
Apr 13, 2009
Secretary of State

Entity Name: ASBEL CREEK ASSOCIATION, INC.

Current Principal Place of Business:

5100 W. LEMON STREET
SUITE 306
TAMPA, FL 33609

New Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 75-3174265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCIA, FRANK
MEIROSE & FRISCIA
500 N WESTSHORE BLVD
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

FRISCIA, FRANK
MEIROSE & FRISCIA
5550 W. EXECUTIVE DRIVE SUITE 250
TAMPA, FL 33609 US

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: FRANK FRISCIA

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KARPAY, BARRY I
Address: 5100 W LEMON ST #312
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: MESSINA, FRANK
Address: 5100 W LEMON ST #312
City-St-Zip: TAMPA, FL 33609

Title: STD () Delete
Name: HUDRLIK, DEBORA L
Address: 5100 W LEMON ST #312
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STANFIELD, JESSICA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VPD (X) Change () Addition
Name: PUGLIESE, JOHN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TREA (X) Change () Addition
Name: WAGNER, ALICE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: SEC () Change (X) Addition
Name: SKIDMORE, DAVID
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Change (X) Addition
Name: HUDRLIK, DEBORA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

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: JESSICA STANFIELD

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date