

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 035 ****61.25

DOCUMENT # N04000008083 1. Entity Name CREEK VIEW OWNERS ASSOCIATION, INC.					
Principal Place of Business 4131 NW 13TH ST SUITE 207 GAINESVILLE, FL 32609 US			Mailing Address 4131 NW 13TH ST SUITE 207 GAINESVILLE, FL 32609 US		
2. Principal Place of Business - No P.O. Box # 910 WATSON REALTY CORP			3. Mailing Address C/O WATSON REALTY CORP.		
Suite, Apt. #, etc. 4516 NW 23RD AVE			Suite, Apt. #, etc. 4516 NW 23RD AVE		
City & State GAINESVILLE, FL.			City & State GAINESVILLE, FL.		
Zip 32606		Country USA		Zip 32606	
Country USA		4. FEI Number 20-2564664			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILSON, SALLY A SUN LU PROPERTIES, INC 4131 NW 13TH ST SUITE 207 GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name FRANCES C. POLLARD Street Address (P.O. Box Number is Not Acceptable) WATSON REALTY CORP 4516 NW 23RD AVE City GAINESVILLE, FL Zip Code 32606		
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. FRANCES C. POLLARD SIGNATURE <u>Frances C. Pollard</u> DATE <u>3-29-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P SHEMA, RONALD J 1410 NW 13 ST, # 2 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNETT, KEVIN 2254 NW 29th AVE GAINESVILLE, FL. 32605	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAYES, JOHN 1410 NW 13 ST, # 2 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, JONATHAN 1224 NW 9th AVE. GAINESVILLE, FL. 32601	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAYES, DEBBIE 1410 NW 13 ST, # 2 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S ZIMEK, PETER 2242 NW 29th AVE. GAINESVILLE, FL. 32605	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Kevin Burnett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3-29-07 (352) 222-2168</u> <small>Daytime Phone #</small>		

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