

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010551

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** CREEKWOOD COMMONS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4920 LENA RD, 101  
BRADENTON, FL 34211

**New Principal Place of Business:**

4920 LENA RD,  
#107  
BRADENTON, FL 34211

**Current Mailing Address:**

7282 55TH AVE., EAST, PMB 109  
BRADENTON, FL 34203

**New Mailing Address:**

4920 LENA RD  
#107  
BRADENTON, FL 34211

**FEI Number:** 20-8199381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPORER, MICHAEL  
7282 55TH AVE EAST, PMB 109  
BRADENTON, FL 34203 US

**Name and Address of New Registered Agent:**

SPORER, MICHAEL  
4920 LENA RD  
#107  
BRADENTON, FL 34211 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: MIKE SPORER

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SPORER, MICHAEL  
Address: 7282 55TH AVE. EAST PMB 109  
City-St-Zip: BRADENTON, FL 34203

Title: DV ( ) Delete  
Name: KENNEDY, AUSTIN  
Address: 7282 55TH AVE. EAST, PMB  
City-St-Zip: BRADENTON, FL 34203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: SPORER, MICHAEL  
Address: 4920 LENA RD #107  
City-St-Zip: BRADENTON, FL 34211

Title: DV (X) Change ( ) Addition  
Name: KENNEDY, AUSTIN  
Address: 4920 LENA RD #107  
City-St-Zip: BRADENTON, FL 34211

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: MIKE SPORER

DPT

01/20/2009

Electronic Signature of Signing Officer or Director

Date