

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 010 ****61.25

DOCUMENT # N06343 1. Entity Name CREEK HOLLOW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 103 CREEK HOLLOW LANE MIDDLEBURG, FL 32068 US			Mailing Address 103 CREEK HOLLOW LANE MIDDLEBURG, FL 32068 US		
2. Principal Place of Business - No P.O. Box # 137 Creek Hollow LN		3. Mailing Address 137 Creek Hollow LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Middleburg FL		City & State middleburg, FL		4. FEI Number 59-2535902	
Zip 32068		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLISTER, DELMA J 103 CREEK HOLLOW LANE MIDDLEBURG, FL 32068			7. Name and Address of New Registered Agent Name: Diane Schramm Street Address (P.O. Box Number is Not Acceptable): 137 Creek Hollow LN City: middleburg FL Zip Code: 32068		
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. SIGNATURE: <u>Diane Schramm, Treasurer</u> DATE: <u>4-4-07</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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITT, ELIZABETH 102 CREEK HOLLOW LANE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert MANS 108 Creek Hollow LN middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDHI, GABRIELE 121 CREEK HOLLOW LN MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janet Baysura 107 Creek Hollow Lane middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANS, MARGARET 108 CREEK HOLLOW LANE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth BriH 102 Creek Hollow LN middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLISTER, DELMA J 103 CREEK HOLLOW LN MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diane Schramm 137 Creek Hollow LN middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Diane Schramm</u> <u>Diane Schramm</u> <u>4-4-07</u> <u>904 349.0479</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					