


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90045 014 \*\*\*\*61.25

<b>DOCUMENT # N07000006579</b> 1. Entity Name <b>TRIPLE CREEK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3020 S FALKENBERG RD RIVERVIEW, FL 33569</b>			Mailing Address <b>3020 S FALKENBERG RD RIVERVIEW, FL 33569</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>IVIN, DAVID T</b> <b>3020 S FALKENBERG RD RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name <b>Wilhelm Nunn</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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><i>Wilhelm Nunn</i></u> <b>Wilhelm Nunn</b> <b>8/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANDINO, PENNY</b> <b>3020 S FALKENBERG RD</b> <b>RIVERVIEW, FL 33569</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Candie Minotti</b> <b>3020 S. Falkenburg Rd</b> <b>Riverview, FL 33578</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUSHWAY, MICHELLE</b> <b>3020 S FALKENBERG RD</b> <b>RIVERVIEW, FL 33569</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Brian Stidham</b> <b>3020 S. Falkenburg Rd</b> <b>Riverview, FL 33578</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NUNN, WILHELM</b> <b>3020 S FALKENBERG RD</b> <b>RIVERVIEW, FL 33569</b>	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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.					
<b>SIGNATURE: <i>Candie Minotti</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/29/08 8137698770</b> <small>Date Daytime Phone #</small>		