

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001652

FILED
Jul 02, 2009
Secretary of State

Entity Name: CREEK RUN PLANTATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

579 SOUTHWEST ZIENKE ROAD
LAKE CITY, FL 32025

New Principal Place of Business:

579 SOUTHWEST ZIERKE ROAD
LAKE CITY, FL 32024

Current Mailing Address:

POST OFFICE BOX 1384
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GIEBEIG, PETER W
579 SOUTHWEST ZIENKE ROAD
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

GIEBEIG, PETER W
579 SOUTHWEST ZIERKE ROAD
LAKE CITY, FL 32024 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: _____

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOLAR, ELAINE K
Address: 839 SOUTHWEST STATE ROAD 247
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: SIMPSON, LORI G
Address: 447 SOUTHWEST BREEZY DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: GIEBEIG, PETER W
Address: POST OFFICE BOX 1384
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELAINE K. TOLAR

D

07/02/2009

Electronic Signature of Signing Officer or Director

Date