2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 8:00 am Secretary of State

1. Entity Name BASSETT	MENT # N19425 CREEK NORTH HOMEOW TION, INC.	NERS .	* * * * * * * * * * * * * * * * * * *			02-26-2004 9	90031 036 ***	*61.25	
Principal Place of Business 310 SW OCEAN BLVD 310 SW OCEAN BLVD STUART, FL 34994 STUART, FL 34994 STUART, FL 34994			I BLVD		94020815				
2. Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02202004 CI	ng-NP CF	R2E037 (10/03)		
City & State		City & State			55-08	16493		plied For t Applicable	
Zip	Country	Zip	Cou	intry		atus Desired ∽ ∸.[_	38.75 Add Fee Required	itional.	
į.	6. Name and Address of Current R	egistered Agent		Name	7. Name and Add	ress of New Regist	ered Agent		
1 210 011 OCEVIA DE 12				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
STUART, F	-L 34994								
				City	FL Zip Code				
8. The above the obligat	named of tip submits this statement for ions of physicered agent. Software, typed or printed place of postered agent a	med	:. 	ed office or regis		the State of Florida.	I am familiar with, of DATE	and accept	
	Filing Fee is \$61.25 Due by May 1, 2004		n Campaign F und Contribut		\$5.00 May Be Added to Fees		check payable to Department of Si		
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANG	ES TO OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	D COXE, ECKLEY 2 BASSETT CREEK TRAIL HOBE SOUND, FL 33455	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITYST-ZIP	D TILGHMAN, GEORGE 4 BASSETT CREEK TRAIL HOBE SOUND, FL 33455	☐ Delete					Change	☐ Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D SUNDHEIM, FREDERICK G JR 310 SW OCEAN BLVD STUART, FL 34994	☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NA Str				☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NA STI CIT	ME REET ADDRESS Y-ST-ZIP			☐ Change	Addition	
12. I hereby indicated of the co-changed	certify that the information supplied with d on this report or supplier that report is reportation or the receiver or trustee empty, or on an attachment with an address.	this filing does not qualified and accurate and overed to execute this resulting of the control	1 En	EUEEKK	n Section 119.07(3)(i), in the same legal effect as 617, Florida Statutes; a	Florida Statutes. I furt s if made under oath; and that my name ap	her certify that the it that I am an office pears in Block 10 c	information or director or Block 11 if	